Georgetown Dental

J. Colby Smith, DDS ~ Dr. Melinda Duncan

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Office Financial Policy

We feel that all patients deserve from us the best dental care we can provide, and further, we feel that everyone benefits when office policy and financial arrangements are understood. In order that we may have a definite understanding in regard to the payment for dental services, the following is our office policy.

- **Payment of estimated co-pay is required at the time services are rendered.** We will file your primary insurance for you as a courtesy as long as we have all of the information needed to do so in advance. Filing of secondary insurance will be your responsibility. **All charges incurred for any treatment performed are your responsibility. If payment is not received from your insurance company within 60 days of the date of service, you will be billed for all charges regardless of insurance coverage.** If for some reason there is a credit, it will be mailed to you within 4 weeks of receiving payment from the insurance company. ***Please remember that we are unable to increase the financial assistance that your insurance provides. The type of treatment you need and receive from our office is based upon the doctor's professional judgment, and not on the coverage you receive from a dental benefit plan. Today's dental plans are designed only to assist with the cost of dental care and are not designed to pay in full for optimum dental care. ALL TREATMENT PLANS GIVEN ARE ESTIMATES ONLY!!!!***

- We accept cash, personal checks, money orders, MasterCard, Visa, Discover and American Express. If you are interested in one of our financing options, please ask one of our helpful financial coordinators about Lending Club and CareCredit patient financing solutions .

- **The estimated fees we provide for dental services will be guaranteed for 90 days.** If treatment is not begun within 90 days of the estimate date, the estimated fees could vary. Once treatment has begun, changes in the anticipated treatment plan may be required, depending on oral conditions encountered. You will be informed if this occurs and given the option of continuing treatment, changing treatment or canceling treatment.

- Your appointment is time we have set aside especially for you. Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time reserved for you. We require at least 48 hours notice to cancel or reschedule an appointment. **We reserve the right to have you pay in full for an appointment that is rescheduled, cancelled or broken without 48 hours notice prior to being able to reschedule that appointment. Excessive abuse of this policy may result in discharge from the practice.**

- **We offer our Senior Citizens (65 and older) a 5% courtesy for all treatment done in our office. This courtesy cannot be combined with any other courtesy.**

- **We offer a 5% courtesy for patients that Pre-Pay with cash or check prior to their appointment for any copay over the amount of $1000.00.**

- **We reserve the right to charge a $25 fee for any check not honored upon presentation to your bank. We are required to report any returned check to the Hot Check Division of Williamson County if it is not paid within 30 days.**

- **Collecting unpaid balances can be costly. A balance not paid within 90 days must be given to our collection agency.**

- **Due to space limitations and for the safety of our patients, we ask that only the patient be in the dental operatory during procedures. We will allow you to accompany a patient into the room, but will ask that once we begin the procedure you return to our reception area.**

I understand that I am responsible for any estimated co-pay at the time of service and any remaining balance left after payment is received from my insurance company. I also agree that I have read and understand the policies listed above. I also understand that I have had the opportunity to discuss any questions I have with these policies.

_____	_____	_____
Date	**Printed Name**	**Signature**