



Watson Family Dentistry

ABOUT YOUR APPOINTMENTS

We see all our patients on an appointment basis. The appointment time you schedule is reserved especially for you. In most cases the procedure you are scheduled for requires that we set aside a definite amount of time with the doctor or hygienist. This assures you the best possible care. We make every effort to schedule our patients so they are not kept waiting. We realize your time is valuable too.

However, if you must reschedule your appointment, please contact our office at least 24 hours in advance. Giving us this courtesy allows us time to schedule another patient who wishes to be seen. **[Without 24-hour advance notification, we may require a fee to reschedule broken or missed appointments. We also reserve the right to not reschedule broken appointments.]** _____ (Initial)

FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

Payment for service is due at the time treatment is received. We accept cash, check, MasterCard or Visa. If you have dental insurance, we will file and accept payment directly from your carrier and ask that you pay only your estimated portion at the time of your appointment. **[Please keep in mind this is only an estimate; you will be responsible for any balance your insurance may not pay.]** _____ (Initial)

While the filing of insurance claims is a courtesy we extend to our patients, please realize:

- 1) Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
- 2) We file insurance every day and use our knowledge to help you receive the maximum benefit allowed. If your insurance does not make payment within 30 days, you will be billed for the unpaid balance; you can assist us by following up with your insurance company on outstanding claims.
- 3) Not all services are covered benefits in all contracts. Some companies arbitrarily select services they will not cover. Please familiarize yourself with your insurance coverage as benefits vary.
- 4) Your insurance provider may change from time to time, so please advise us of any changes in provider status.

We realize that temporary financial problems may affect timely payment on your account. If such problems do arise, we will try to work with you. Please do not ignore the bill, instead contact our office promptly for assistance in the management of your account. We charge for returned checks and apply interest of 1½% per month on balances over 30 days.

Should David O. Watson, DDS, PLLC be forced to retain an attorney to pursue collection of any past due balances due and owing from patient, the Patient/Financially Responsible Party will be responsible for not only payment of said past due balances but also for the payment of interest at the rate of 18% from the date of default and reasonable attorney's fees as allowed pursuant to North Carolina General Statute Section 6-21.2 or future amendment or recodification thereof. _____ (Initial)

We are committed to providing you with the best possible care. Our staff works as a team to provide dental expertise, as well as old-fashioned courtesy and compassion. We appreciate your assistance and understanding of our payment policies. If you have any questions, please do not hesitate to ask. We are here to help you!

I hereby authorize David O. Watson, DDS, PLLC to submit claims and assign benefits, on my behalf to _____ Insurance Company. I have read and understand the above.

Date _____ Signed _____

I have reviewed the following treatment plan and fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize release of any information relating to this claim.

I hereby authorize payment of the dental benefits otherwise payable to me directly to David O. Watson, DDS, PLLC.