

## FINANCIAL POLICY OF A.ANDREW WILSON III, D.D.S, P.A

*Please initial each line.*

\_\_\_\_\_ **The primary goal of our dental practice** is to provide the highest quality of oral health care in the most gentle, efficient, and enthusiastic manner. Since our practice is also a business with obligations that must be met, we ask that all patients pay for their portion in full, on the day of each visit to our office, unless prior arrangements have been made.

\_\_\_\_\_ **Payment methods accepted include:** Cash, check with proper ID, Money Order/Cashier Check, Visa/Mastercard/Discover/American Express/Debit Card, and Care Credit.

\_\_\_\_\_ **We do not accept payment plans**, postdated checks, or postdated credit cards. We do offer **Care Credit health care financing for patients with approved credit.**

\_\_\_\_\_ **All insurance accounts are filed as a courtesy.** All insurance accounts are subject to balance billing. This means patients are responsible for **any balance insurance does not cover. Insurance plans are a contract between the plan holder and the insurance company. This office is not responsible for details and limitations in the insurance plan.** This office does participate with Blue Cross Blue Shield DNOA Network and Cigna PPO plans.

\_\_\_\_\_ We will do our best to give you a **rough estimate** of your investment in your dental health for each upcoming visit, based on your individual treatment plan. We cannot control how much your insurance will pay per visit.

\_\_\_\_\_ **Outstanding balances on your account are discouraged**, and must be cleared before the next appointment for any account member, or within 30 days of treatment, whichever comes first. Appointments for non-emergency treatment may be postponed pending payment of outstanding balances. Amount due, and not paid within 30 days, will be charged an interest rate of 1.5% per month, in addition to a \$5.00 monthly billing fee per statement.

\_\_\_\_\_ **Delinquent balances over 90 days old** will be referred to Capital Accounts. All referred accounts are marked, "Inactive". In order to have your account "Reactivated", and continue to receive dental treatment in this office, the balance must be paid, plus a 50% "Reactivation Fee" of the account balance.

\_\_\_\_\_ A **returned check fee of \$40.00** will be added to your account for any returned check. Before we accept another payment by check, the \$40 plus the full payment for the check that did not clear must be paid in cash, or by Visa, Mastercard, Discover, or American Express.

\_\_\_\_\_ **Your dental appointments are scheduled carefully.** Time, trained personnel, and dental equipment are reserved for each procedure. Missed appointments add to the cost of dental care when reserved facilities are left waiting empty. We request 48 hours advance notice for rescheduling your appointment. Your account will be charged a \$50.00 fee for repeatedly missing appointments without proper notification.