

LISA ELY WADSWORTH, D.M.D.
J. RUSTY WADSWORTH, JR., D.M.D

As your dentist, we are committed to providing you with the best possible dental care. If you have dental insurance, we will help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

PAYMENT FOR SERVICES IS DUE AT THE DATE OF YOUR APPOINTMENT. We accept cash, personal checks, Visa, MasterCard, Discover and American Express. Return checks are subject to a service charge of \$25.00 and you will lose your privilege to write checks in our office. Self-pay patients must pay at time of visit. No exceptions will be made.

BROKEN APPOINTMENT FEE. A \$50.00 broken appointment fee will be applied to your account if you cancel an appointment without giving our office 24 notice during our working hours, which are 8:00 AM – 3:30 PM Monday thru Thursday, or if you do not come for your scheduled appointment. You must speak to an office staff member to cancel or reschedule the appointment. No exceptions will be made. PATIENT'S INITIAL _____

CHILDREN OF DIVORCED PARENTS. Payment is due at the time of service no matter who is responsible by order of divorce decree.

FINANCIAL AGREEMENT. We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. Your portion and deductible **MUST** be paid at the time of service. No exception will be made. We are an out of network dentist but we will file your insurance for you as a courtesy. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not party to that contract, and do not acknowledge responsibility for each individual's policy. Please be aware it is **your** responsibility to know your insurance policy and benefits remaining, and with that said, it is your responsibility to inform us when your insurance has changed. If we have to re-file a claim because we were not notified, a processing fee may be incurred by you.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
3. We do our best to **estimate** your portion, but do understand each insurance company allows a set amount for each procedure, which we are not given when verifying insurance, we are only given the percentages. You will be responsible for any balance remaining after insurance pays. In the case of an overpayment, you may request a refund by calling our office. In the case of an underpayment, our practice will send you a bill.

We must emphasize that as your dental care provider, our relationship and concern is with you and your dental health, not your insurance company. **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES ARE RENDERED.** Any balance left on your account after 60 days, including those that insurance has not paid, collection action will be taken. We realize that emergencies do arise and may affect timely payment on your account. If such extreme cases do occur, please contact us promptly for assistance in the management of your account.

If it becomes necessary to collect any sum due through an attorney, then the patient agrees to pay all reasonable costs of collections, including attorney's fee, whether suit is filed or not.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE FINANCIAL POLICY.

SIGNATURE _____ DATE _____