

Conner Dental Associates

OFFICE FINANCIAL AGREEMENT

At Conner Dental Associates we are committed to providing you with quality dental care. A clear understanding of your financial responsibility is important to our professional relationship. (Please note that all office fees are subject to change).

- **FULL PAYMENT** is due at the time of service. For your convenience we accept Cash, Visa, MasterCard, American Express, Discover, and Check/Debit Cards.

We accept most major insurance plans. After providing us with your insurance card and related insurance information, we will contact your insurance company to verify your benefits. We will explain your coverage on or before the day of your visit.

You will be responsible for paying your estimated portion at the time services are provided. Please note that most insurance companies only provide *estimates* of your financial portion prior to receiving the actual claim form.

As a courtesy, we will file your insurance claim promptly and we agree to wait 30 days for reimbursement. If after 30 days we have not received payment from your insurance company, we will contact you and you will have 15 days to settle your account. Overdue accounts may be subject to a periodic finance charge (in an amount permissible under the laws of the State of Georgia) and/or collection agency fees, including but not limited to attorney's fees, interest, and court costs, in addition to the balance due.

Insurance is a contract between you and your insurance company; **WE ARE NOT A PARTY IN THAT CONTRACT.** We will not become involved in disputes between charges, secondary insurance, usual and customary charges, etc., other than supply factual information as necessary.

CHECKS (Established Patients Only)

All checks are electronically processed. There is a \$30 returned check fee.
We do not accept postdated checks.

DEPOSIT REQUIRED FOR TREATMENT

A deposit of \$75 is required to schedule an appointment that is \$200 or more. This deposit holds a specific time on the schedule for you & will count towards your treatment. If you do not keep your appointment, the \$75 deposit becomes nonrefundable.

RESCHEDULING APPOINTMENTS

Since we reserve time just for you, we kindly request at least a 48 hour notice when rescheduling an appointment. Failure to contact our office at least 24 hours before your scheduled appointment will result in a charge of \$50. You must speak with a staff person directly in order to reschedule your appointment – messages left on the machine will still result in a \$50 charge.

**** I have read and fully understand the above policy****

Signature of Patient (Guardian or Responsible Party)

Date