



**OFFICE PAYMENTS AND INSURANCE POLICIES**  
**McDonough Office**

- \* Payment is due as services are rendered. We accept Cash, Check, Care Credit and all major Credit Cards for your convenience.
  - \* Financial arrangements must be made on extensive treatment PRIOR TO the date services are to be rendered.
  - \* We will accept insurance on assignment, but you must pay your deductible and any patient portions due at time of service. Your ESTIMATED portion is due at the time of your visit and you will be billed if your insurance does not pay the estimated amount. We will make every attempt to help you know your benefits but it is the patient's responsibility to know them.
  - \* Our office does NOT guarantee that your insurance will pay. If your insurance company fails to pay your claim within 60 days, you may be billed directly for any applicable amounts. Any balance that is not cleared in 90 days may be turned over to collections.
  - \* Our office will NOT enter into a dispute with your insurance company over a claim. We file insurance as a courtesy.
  - \* You are required to sign an "Authorization to Pay Dentist/Physician" form and any other assignment documents required by your insurance company on your first visit. If your company requires their form to be filled out, you will need to bring that form with you at each visit. Without the required information completed, we CANNOT file for payment and you will be asked to pay up front for each appointment.
  - \* Verification of benefits is required. If we are unable to verify your benefits, you will be responsible for payment in full at the time services are rendered.
  - \* Accounts not paid in full after 90 days from the time services are rendered may be referred to collections or pursued legally in the courts.
- If you have any questions concerning our office payment policy, please feel free to ask.

**I understand and agree that I am responsible for the balance on my account for professional services rendered. I understand that any insurance benefit is between my insurance company and me and that this dental office, Palmetto Family Dental of Pike, does all in its power to help obtain those benefits. I have read and understand all of the above.**

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Patient or Guardian Signature

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Date