

Financial Policy Fort Mill Dentistry, LLC

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship.

Payment for services is due at the time services are rendered. We accept cash, money order, debit card, credit card, or personal check. There is a \$50 service charge for returned checks. **PAYMENT-IN-FULL IS EXPECTED AT THE TIME OF SERVICE.** For payment-in-full at the time of service for charges exceeding \$200, we offer a 5% discount; for our patients aged 65 and over, this is a 10% discount. For those who need to extend their payments beyond the date of service: we can help you establish a Care Credit account for up to 12 months with no interest, or low interest for 24-48 months.

We will be happy to process your insurance claim for your reimbursement as long as you provide complete insurance information. However, you must understand the following:

1. Emergency visits or treatment for patients "not of record", for patients who have been out of the practice for over one year, or for patients who have an existing balance or bad credit with our office, will be asked for payment at appointment reservation.
2. Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you, NOT your insurance company. We will file, at no charge to you, one pre-treatment estimate to determine your level of benefits – what your insurance will pay.

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3. All charges are *your* responsibility whether your insurance company pays or not. Not all services are covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. The reasonable and customary fee limits are determined by premium levels, regional averages, and your plan purchasers decision on reimbursement levels.
4. Fees for services, along with unpaid deductibles and co-payments are due at the time of treatment.
5. We require you to pay any balance your insurance has not paid within 30 days. _____
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6. If you are covered by a PPO or HMO or other managed care company that requires your treatment be performed by a "participating provider", it is your responsibility to notify us about this. Please understand that if we do not participate with your insurance plan, you are responsible for full payment of your dental fees. If we do participate with your plan, you are responsible for unpaid deductibles and co-payments that are due.
7. For all major restorative work that involves a lab fee, the patient's portion is due on date of service.

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Please note that, unless cancelled 24 hours in advance, you will be charged for missed appointments, including prophylaxis (dental cleanings). Please call if you have to reschedule. 803-547-7508

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We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

Again, thank you for choosing us as your dental health care providers. We appreciate the opportunity to serve you.

Patient, Parent, or Guardian Signature