

Northwood Dental Associates

510 Northwood Road ♦ Lexington, SC 29072

Office, Insurance, and Financial Policies

Thank you for choosing Northwood Dental Associates as your dental care provider! We are committed to providing you with the best dental treatment possible. Please understand that payment of your bill is considered part of your care. The following is a statement of our office, insurance, and financial policies, which we require you to read, agree to, and sign prior to any treatment. Thank you for your understanding.

APPOINTMENTS

Your scheduled appointment time has been reserved specifically for you. We request at least 24 hour notice if you need to cancel your appointment. We are aware that unforeseen events sometimes require missing an appointment. After missing your second appointment without notifying us 24 hours in advance, you are subject to being charged an additional fee (\$25 – hygiene; \$50 – doctors).

INSURANCE

For patients with insurance – we file insurance as a courtesy to you. We will gladly accept assignment of insurance benefits in lieu of payment from you for your care and treatment in our office after your benefits have been verified. **We will require your estimated portion of your bill to be paid at the time of service.** The balance on your account is your responsibility, whether your insurance pays or not. If payment from your insurance company has not been received within 60 days, you will receive a bill for the remaining portion. It is up to you to furnish us with all your insurance information and original claim form (if necessary). Your insurance policy is a contract between you and your insurance company. Please be aware that some and perhaps all of the services provided by this office may be “not covered” services and not considered necessary under your insurance policy. Regardless of the insurance company’s determination of usual and customary roles or amount of assignment, you are responsible for the full amount charged.

PAYMENT IS DUE AT TIME OF SERVICE

For those of you who do not have insurance coverage for our services, you may pay at the time of service by: CHECK, CASH, MASTERCARD, VISA, AMERICAN EXPRESS, or DISCOVER. We understand that necessary dental treatment may be costly for some patients, whether with or without insurance. If you require extensive treatment, a sequenced treatment plan will be developed at the time of your consultation. This custom plan can spread out treatment to be feasible for you financially. Should you be interested, we have information available from credit companies offering low or no interest financing.

USUAL AND CUSTOMARY RATE

Our practice is committed to providing the best treatment possible for our patients and our fees reflect a fair rate for services rendered in this area. You are responsible for paying your bill in full regardless of your insurance company’s determination of usual and customary rates.

REBILLING

Although it is a rare occurrence, we reserve the right to charge a minimum \$3 rebilling fee (or 1.5% monthly or 18% APR) for overdue accounts where there is a remaining balance.

EMERGENCY PATIENTS

New patients seen after hours or on weekends will be required to make full payment for services rendered at the time of service. Your insurance will be verified the next business day. **All fees for services rendered are expected to be paid at time of service.**

* Should it be necessary for us to consult a collection agency concerning your account, you (the patient) will be held responsible for all charges and fees incurred by Northwood Dental Associates during collection procedures which is 35% of the amount past due.

I hereby authorize payment of the dental benefits otherwise payable to me directly, to be sent to Northwood Dental Associates, 510 Northwood Road, Lexington, SC, 29072.

I have read, understand, and agree to the above office, insurance, and financial policies.

Patient Signature

Date