



174 Community Park Road P. O. Box 607
Dyersburg, TN 38025
Office: 731-285-8890

FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

We are committed to providing you with the best possible care. If you have dental insurance, we will help you to receive your maximum allowable benefits. In order to do this, we need your assistance and your understanding of our financial policy.

Payments for services are due at the time services are provided unless other payment arrangements have been approved in advance. We accept cash, checks, and most credit cards. We will be happy to process your insurance claim for you, if you have insurance, please be prepared to pay your portion of the fee on the day of service.

Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges, There will be no charge if 24-hour notice is given for canceled appointments of 1 hour or less and 48 hours for appointments longer than 1 hour.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You MUST realize however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are NOT a party to that contract.
2. Dental insurance is not meant to be a pay-all; it is only meant to be an aid. Many routine dental services are not covered by dental insurance at all. If you should have any questions regarding your coverage, YOU should contact your company regarding the details of the plan it is conducting in your behalf.
3. Many plans tell you that you will be covered "up to 80-100%" ; in spite of what you are told, we have found that most plans may cover much less of an average fee. The amount your plan pays is determined by how much your employer paid for the plan. The less he/she paid for the insurance, the less the coverage. It has been our experience that some insurance companies tell their customers that fees are above the usual and customary rather than saying YOUR BENEFITS ARE TO LOW.

We must emphasize that as dental care providers, our relationship is with you, NOT your insurance company. While the filing of all insurance claims is a courtesy we extend to our patients, ALL charges are YOUR responsibility.

If you have any questions about the above information or are uncertain regarding insurance information, PLEASE do not hesitate to ask us. We are here to help you.

"I understand and agree that regardless of my insurance, I am responsible for the balance on my account for any professional services rendered, I have read all the information on this sheet."

Signature_____ Date_____

Name_____

Parent/Guardian_____

FINANCIAL AGREEMENT

The undersigned SEVERALLY agree that in consideration of the services rendered, payment of the account is guaranteed by the undersigned. The undersigned clearly understands that the obligation to pay the bill is primarily on the undersigned. The undersigned further agrees in the case of default of payment, and if his account should be placed in the hands of a collector or an attorney for collection, all collection fees, attorney fees, cost and other expenses will be paid by the undersigned.

Guarantor's Signature:_____ Date_____