

# ABERDEEN DENTAL, LLC

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## PAYMENT POLICY

1. In general, payment is due as services are rendered. We accept MasterCard, Visa, and Discover credit cards for your convenience.
2. Your appointment time is reserved specifically for you. If you are unable to keep your appointment, we ask that you give 24 hours notice. We have an answering machine if you need to call after hours. However, please call back the next morning to confirm that we received your message. Failure to give 24 hours notice will result in a broken appointment fee.
3. Financial arrangements can be made on extensive treatment PRIOR TO the date services are to be rendered. Credit will be extended based on past credit history in our office. The length of the extension will be limited, as we do not have the lending resources of a bank.
4. We will accept insurance on assignment, but you must satisfy your deductible and pay the percentage of your responsibility as treatment is rendered. (e.g. If your insurance pays 80% of your care, you will be required to pay 20% on each office visit.) Your estimated portion is due at the time of your visit and you will only be billed if your insurance does not pay the estimated amount.
5. Our office does NOT guarantee that your insurance will pay. If your insurance company fails to pay your claim within 60 days, you will be billed directly for any applicable amounts. Any balance that is not cleared within 90 days will accrue monthly finance charges of 1 1/2% of the unpaid balance.
6. Our office will NOT enter into a dispute with your insurance company over your claim. This is your responsibility and obligation. Your insurance benefit is a contract between you and your insurance company. However, we will provide whatever support documents and narratives that may be needed to assist you in obtaining your rightful benefits.
7. 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 particular form to be filled out, you will need to bring that form with you to each visit. Without the required form, we CANNOT file for payment and you will be asked to pay for that days visit.
8. Since by taking your insurance on assignment we have to wait for payment, this courtesy may be withdrawn if circumstances warrant it.
9. 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.

If you have any questions concerning our office payment policy, please feel free to ask.

I understand and agree that I am absolutely responsible for the balance on my account for professional services rendered. I understand that any insurance benefit is between me and my insurance company and that this dental office does all in its power to help me obtains those benefits.

I have read and understand the above statements.

Signature (Parent or Guardian, if minor) \_\_\_\_\_ Date \_\_\_\_\_