All Smiles Dental Care, PLLC

Olan D. Parr, Jr., DDS

Financial Policy

Insurance co-pay and unpaid benefits: All dental services provided are the direct responsibility of the patient. Our office is happy to file a claim for any patient, whether or not we participate with their insurance. It is the patient's responsibility to know their insurance plan details. The full co-pay is due the day the services are rendered. If the insurance is denied or the claim has not been paid within 60 days, the patient will be asked to pay the balance in full. Payment in full is due the day of treatment for patients with no insurance, unless prior financial arrangements have been made in writing with Capital One Healthcare Financing.

Estimates for treatment: Our office provides estimates for the cost of proposed treatment. The exact amount of benefit paid is determined by the insurance companies and we cannot be responsible for 100% accuracy on any estimate.

Acceptance for treatment: Financial arrangements must be made with this office in order for treatment to begin. Emergency dental services or treatment performed without prior financial arrangements must be paid in cash or by credit card at the time services are rendered.

Missed or broken appointments: The doctor has set aside time specifically for each patient. Therefore, if an appointment is cancelled or missed without at least 24 business hours notice, a fee will be charged to the patient's account. Repeated offenses may result in the patient being dismissed from the practice.

Past due accounts: We reserve the right to impose a 1 ½% monthly service charge (18% annually) on the unpaid portion of balances over 30 days past due.

Accounts sent to collections: Any balance more than 90 days past due may be sent to a collection agency. Any collection agency and/or attorney fees will be charged to the account holder.

Returned checks: Any checks returned unpaid will incur a fee as well as the original amount of the check. The account will then need to be paid by cash, credit card, cashier's check or money order.

I have read, understood and accepted the policies listed above. I grant permission to be contacted by phone at home or work to discuss matters listed above.

____ Date _____/______/______

Signature