

Clemson SC Dental Associates

Financial Policy

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. Dental treatment is an excellent investment in an individual's medical and psychological care. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve that allows you to enjoy a healthy, beautiful smile with respect to your budget. We are always available to answer your questions or assist you in any way we can.

To maintain the practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to the following financial arrangements regarding their dental treatment.

Optional Payment Terms:

1. **Full Pay Cash Discount (Non-Insurance)**: We offer a 5% accounting courtesy for all treatment paid in full (cash or check) at time of service.
2. **Major Service- Two Payment Option**: We offer a two-payment option for Crown, Bridge, and Denture treatment. We ask that you pay one-half of your co-payment at the first appointment and the second at the seat date appointment.
3. **Term Loan**: By arrangement with CareCredit, we offer our patients, upon approval, an interest-free term loan (up to 12 months) with no down payment, no annual fee, and no prepayment penalty. Please ask for an application.

Payments are expected at the time services are rendered. We accept cash, checks, debit cards, Visa/MasterCard and Discover.

In case of parent-separation, parent with legal custody is responsible for the bill of that child.

Interest at the rate of 1.5% monthly will be charged on any unpaid balances after 60 days.

If a payment is not received at least monthly, and paid off within 3 months the account is considered delinquent and will be turned over to a lawyer or collection agency.

I have read and understand the above financial policy.

Signature

Date

Patients with Dental Insurance

We are happy to complete and file insurance as a courtesy for you.

The patient is responsible for providing the benefits and restrictions of their policy. The patient's estimated payment is due at the time of service. If the insurance payment is not received within 60 days, full payment is due from patient.

If patient has double-coverage we will be happy to assist, but the patient may be responsible for the filing of the secondary coverage as we do not always receive an explanation of benefits from the insurance company. If the account is paid in full, we will be glad to provide to you the information to file the second insurance.

I understand that I am financially responsible for all charges whether or not paid by insurance.

In order for us to file your insurance, it is necessary that you read and sign below.

To the extent permitted under applicable law, I authorize the release of any information relating to an insurance claim.

Signature

Date

I hereby authorize payment of dental benefits, otherwise payable to me, directly to Clemson SC Dental Associates.

Signature

Date