



OFFICE FINANCIAL POLICY

PLEASE READ OUR FINANCIAL POLICY, INITIAL AND SIGN.

As a COURTESY to you, our office will file a claim to your insurance carrier for your dental charges after your copay has been satisfied. **You will be responsible for any balance remaining after your insurance carrier has paid. We can only give you an ESTIMATE of what we think your insurance may pay. This is NOT a guarantee of payment as insurance companies do not always pay what you expect them to pay.** If there are questions or problems with the amount paid, this should be discussed with your insurance carrier.

If you do not have dental insurance coverage, and are self pay, payment is due when you begin treatment in our office. The fees that we charge for dental services are the same for every patient, insured or not. Failure to pay your balance may result in your account being turned over to collections.

Our office will be happy to assist you as best we can. However, all charges are **YOUR responsibility**. If you have questions or problems, we will try to help. You may call Vickie, our Office Manager, to answer any questions regarding treatment and payment.

*****Please be aware that we are only IN NETWORK with BCBS of SC, Delta Dental Premier, and policies covered under the Careington network (exclusions apply – please check with your insurance to see if your policy is included in the Careington network)***** We still accept and will file with most major insurances. If we are out of network with your insurance company, our copay estimates are based on our fees, not what your insurance allows. Out of network insurances will **NOT** tell us their allowable charges on procedure codes. The percentage your insurance pays is of their allowable charge, not our fee. You are still responsible for the difference in what insurance pays and our fee for your treatment, and if they pay more or less than what we estimate, you will be billed or reimbursed accordingly, once we receive insurance payment. If you have any questions regarding this matter, please feel free to ask someone at the front desk.

PLEASE INITIAL THAT YOU UNDERSTAND THE ABOVE STATEMENT. _____

I understand that there will be a 3% convenience fee added to all credit card transactions, which will be IN ADDITION to the amount I was quoted for services rendered. (Please sign) _____

I HAVE READ YOUR POLICY, UNDERSTAND IT AND WILL COMPLY WITH ITS PROVISIONS.

SIGNATURE

REV 5/29/26

DATE

****BACK →**