Tony Hewlett, DDS
FAMILY DENTISTRY

STATEMENT OF FINANCIAL POLICY

In the interest of good health care practice, it is desirable to establish a policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good dental health and we wish to spend our time and energy toward that end. Therefore, we wish to clarify the following points:

- All accounts are due and payable at the time of service. If you have dental insurance, you will be asked to pay your estimated coinsurance payment upon check out.

  Payment Options:

  1. NO INSURANCE under 65yr - Cash or Ck (5%)
  2. NO INSURANCE 65yr and over – Cash or Ck (10%)
  3. Visa, American Express, MasterCard accepted – Discounts not available
  4. We offer monthly payment plans through our partnership with Carecredit (12mo No Interest Plan) We are happy to get you approved while in office. Ask the front desk for more details.

- INSURANCE: we are in network with Delta Dental Premier, Aetna, Cigna, Assurant and Sunlife.

- COPAYS: If you have insurance, you will be asked to pay your estimated portion at the time your treatment has been rendered. We will submit all claims to your insurance as a courtesy.

- STATEMENTS: Even though you may have an insurance claim pending, you will still receive a statement each month for the outstanding balance of your account. We cannot accept responsibility for collecting an insurance claim or for negotiating a disputed claim. However, we can help by submitting your claims for you. Insurance reimbursement is a contract between you and your carrier. You are ultimately responsible for payment of your account.

- **NO SHOWS or LATE CANCELS: In an effort to hold down costs, we ask that you assist us by notifying us within 24 hours if you need to change or are unable to keep your dental appointment. Should you miss appointments without sufficient notice, a charge of $75 may be applied. (3) or more may result in patient termination.**

It is not our intention to cause you undue hardship; however, we must collect our receivables as efficiently as possible in order to continue our service to the community.

I HAVE READ AND UNDERSTAND THAT, REGARDLESS OF ANY INSURANCE COVERAGE I MAY HAVE, I AM RESPONSIBLE FOR PAYMENT OF MY ACCOUNT. I AGREE THAT IN THE EVENT COSTS AND/OR FEES ARE INCURRED IN CONNECTION WITH THE COLLECTION OF MY ACCOUNT, I WILL PAY ALL SUCH COSTS AND FEES.

SIGNATURE _____ DATE _____