

OLD IVY DENTAL

We appreciate your choosing Old Ivy Dental for your dental care. Dr. Carter and our staff are very concerned about the cost of your dental care and want to address some current issues related to the cost of dental services in this office.

Considerable care has been taken in setting our fees. We want to assure you that our charges accurately reflect the complexity of the care rendered and the skill and expertise required for your care. Our fees are comparable with fees of other dentists in the metro area. If an insurance company indicates a dentist's fees are above the "usual and customary", please understand that most dental fees are above the rate which insurance companies choose to pay. The rate is most often lower than the fees normally charged by any dentist. We use many sources to determine the appropriateness of our fees. We cannot and do not allow the payment or allowance of insurance companies to set the amount that we charge for services.

At the time of your first appointment in our office, should you have any questions regarding your insurance, we will try our best to assist with your understanding of your insurance policy details. Old Ivy Dental cannot guarantee confirmation of coverage or benefits by your insurance company.

FINANCIAL AND PAYMENT POLICY

Our policy requires payment from you at the time of service for your deductible and the portion estimated that your insurance will not cover. As a courtesy, we will file a claim for services rendered on your behalf. In the event there are any additional balances, you will receive a statement that is to be paid before the end of the month. Please remember that it is your responsibility to make sure you are allowed to use an out-of-network dentist provider. We are not contracted with any insurance company. We appreciate you understanding the ever-changing requirements of dental insurance plans.

Our agreement is with YOU and NOT your insurance company. You (or perhaps your employer) have chosen your insurance coverage. Although we will assist you by submitting your claim to your carrier, you are ultimately financially responsible for the service you receive. Payment to our office is neither contingent nor dependent upon your insurance company.

Self-funded patients: Our policy requires payment at the time services are rendered. We will give you an estimated amount for the scheduled service upon your request.

Fees: A \$30.00 fee will be charged for returned checks. All accounts which remain unpaid after 30 days will be subject to a 1 ½ % per month (18% Annual Percentage Rate) charge. A collection agency will take over a delinquent account. If any account is placed with a collection agency, the patient will be responsible for all costs of collections and any legal proceedings. If you miss your appointment and fail to provide a 24-hour notice, a no-show fee will apply.

For your convenience, we are pleased to accept all major credit cards, checks and cash. In addition, we are affiliated with Capital One's Dental Fee Plan if you are interested in financing your treatment.

I have read and understand my financial responsibilities under this policy.

Patient Signature _____ Date _____