

OUR FINANCIAL GUIDELINES

Thank you for choosing us as your family dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Guidelines, which we require you read and sign prior to any treatment.

All patients must complete our Patient Information and Health History Form before seeing Dr. Bynum.

- FULL PAYMENT IS EXPECTED AT THE TIME OF SERVICE UNLESS YOU HAVE MADE PRIOR ARRANGEMENTS WITH OUR FINANCIAL TEAM.
- WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS.
- A \$25.00 CHARGE WILL BE ASSESSED FOR RETURNED CHECKS.
- A \$25.00 CHARGE WILL BE ASSESSED TO YOUR ACCOUNT FOR APPOINTMENTS BROKEN OR CANCELLED WITHOUT A 24-HOUR NOTICE.

Regarding Insurance and Workman's Compensation

To avoid a misunderstanding regarding dental insurance and workman's compensation, we wish our patients to know that all professional services are charged directly to the patient and that patients are personally responsible for payment of fees. We will gladly prepare necessary forms or reports to help you obtain your benefits from insurance companies. We do not render our services on the basis that insurance companies and workman's compensation will pay all of our fees.

Usual and Customary Rates

You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients

The adult and the parents (or guardians) accompanying the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been preauthorized.

Thank you for understanding our Financial Guidelines. Please let us know if you have questions or concerns.

I have read the Financial Guidelines. I understand and agree to these Financial Guidelines.

X _____ Date _____

Signature of Patient or Responsible Party