



Drs. Philip E. Smith & Heyward E. Robinson, PA
Financial Policy

*We are committed to providing you with the best possible care and service. If you have dental insurance, we would be pleased to assist you in receiving your maximum allowable benefits.

*Payment for services is due at the time services are rendered unless arrangements have been approved in advance. We will be pleased to assist you in processing your insurance claim for your reimbursement. ***Any remaining balance 30 (thirty) days after we have filed a claim for you becomes your responsibility and is due and payable.***

*If you have secondary insurance we will be glad to file after we have received an EOB (explanation of benefits) and/or payment from your primary insurance company.
A service charge of 18% per annum accrues on any portion of a balance remaining over 90 (ninety) days.

Financial responsibility for **patients that are minors lies with the parent who accompanies the child to the appointment. We cannot bill a parent that is not present in the office. We will happily provide a statement of services and payment receipt to you upon request.**

*Whenever possible, our office shall accept assignment of benefits from your insurance company, leaving your ***estimated portion and deductible*** due at time of service.

*Our staff will gladly discuss your proposed treatment and answer questions relating to your insurance.

You must realize however:

1. Your insurance is a contract between you, your employer, and your insurance company, and it is your responsibility to know how insurance will assist you.
2. The insurance coverage you will receive depends upon the type of plan purchased. Plans vary greatly and insurance companies do not give us exact reimbursement amounts, it will be an estimate only.
3. While filing insurance claims is a courtesy that we extend to all our patients, all charges are your responsibility from the date services are rendered.

*For your convenience we accept cash, check, and debit, Visa, Master Card or Discover. Financing is available through Care Credit, please ask for details.

******When cancelling an appointment a 24 hour notice is required******

If you have questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask. We are here to assist you.

I have read the above Financial Policy and agree to all payment terms. I further authorize the office to release any information concerning my case to my insurance company.

Patient/ Responsible Party Signature

Date

REV. 3/2015