



Panther Hollow Dental Lodge, PL
Office and Financial Policy

PAYMENT OPTIONS

1. We accept cash, check (see below) or credit card, at each appointment as treatment progresses.
2. For treatment amounts over \$500.00, you may pay 50% at the preparation date and the balance upon completion.
3. For patients with insurance, patients deductible and any uninsured portions are due at time of service.
4. We also offer Care Credit Interest Free Finance Plans (from 3-12 months based on amount financed).

INSURANCE

Panther Hollow Dental Lodge is committed to helping our patients maximize their insurance benefits. As you may be aware, medical and dental insurance is becoming increasingly complex. We are always available to answer your questions, however, **be aware that your insurance policy is a contract between you and your insurance company. As a dental provider, we are not part of that agreement.** We strongly recommend that you become familiar with **your** policy. **Your portion of charges must be paid at the time of service.** We ask our patients to provide us with their complete dental insurance information. As a **complimentary service to you**, we will bill your insurance company. The quality of insurance policies varies greatly, therefore, we can **ESTIMATE** your coverage in good faith, but cannot guarantee coverage due to the complexities of insurance contracts.

MISSED APPOINTMENTS

Once an appointment has been made this time has been reserved for you with your dentist or hygienist. Please kindly give our office **24 hour notice** if you need to cancel or reschedule your appointment. We reserve the right to charge a fee for all cancelled or missed appointments without 24 hour notice.

COLLECTION SERVICE FEE

Delinquent accounts turned over to our outside collection service will be charged a \$10.00 processing fee to be billed and payable by the account's responsible party. Patients turned over to collection will be dismissed from the practice.

CHECK WRITERS- From FARS (Federal Automated Recovery Systems)

We gladly accept your checks, however when you provide a check as payment, you authorize us to use information from your account, or to process the payment as a check transaction.

You authorize us to charge a fee of \$30.00 if your payment is returned unpaid for insufficient funds.

I have read the above office and financial policy and understand my obligations.

Guarantor signature: _____ **Date:** _____