

Bailey Dental Financial Policy and Agreement

Thank you for choosing Bailey Dental for your dental needs. We are dedicated to providing you with exceptional care and convenient financial arrangements. Our financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees and our patients' financial capabilities.

Please read the following to confirm your understanding and agreement with our policies.

Payment

Payment in full is due at time of service unless prior financial arrangements have been discussed. For your convenience, we accept several payment options.

1. Cash, Check, Visa, MasterCard, Discover and American Express
2. Monthly payments through Care Credit

Insurance

Our office is committed to helping our patients maximize their dental benefits. Insurance policies vary greatly. Because of this, it is the patient's responsibility to be familiar with their specific policy. Due to the complexity of insurance contracts, we can only estimate in good faith, and not guarantee your coverage. Your estimated patient portion must be paid at the time service is rendered. As a service to our patients, we will bill your insurance company for the treatment provided, and allow 45 days for payment. After 60 days, you are responsible for the entire balance and it will be due in full. If you have any questions, our courteous staff is always available.

Minors

Payment for services for the treatment of minors can be made by cash, check, or credit card and is the responsibility of the adult accompanying the minor.

Missed Appointments

Once an appointment has been made, please remember that this time has been reserved specifically for you! We reserve the right to charge a fee for all cancelled or missed appointments with less than 24 hour notice. A fee of \$25 will be applied to any canceled appointment with less than 24 hour notice. Several missed appointments will result in dismissal from our practice. If you fail to show for a confirmed appointment there will be a \$50 charge.

Service Charges

The policy of this office is to charge 1.5% monthly interest (18% APR) to all accounts over 90 days past due. We also charge \$35 for any returned checks.

Collection Fees

Fees incurred to collect payment will be billed to and payable by the patient's account holder.

Financial Consent

The patient (account holder) agrees to be fully responsible for total payment of treatment performed in this office.

I understand and agree to this Financial Policy and Agreement

Signature of patient/ responsible party

Date