



FINANCIAL POLICY & PROCEDURES

APPOINTMENT CANCELLATIONS

Just as your time is important to you, your scheduled time is important to us. If you are more than 10 minutes late for your appointment, your appointment may no longer be available and you will be charged a NO Show fee of \$50.00. If you fail to show up for your appointment with a Dentist or Hygienist or you fail to cancel your appointment 24 hours prior to your scheduled time you will be charged a No Show fee of \$50.00. If you fail to show up for your appointment with a Specialist (e.g., Endodontist, Periodontist, Oral Surgeon) or you fail to cancel your appointment 72 hours prior to your scheduled time you will be charged a No Show fee of 10% of the charges for the scheduled procedure(s).

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All patients/guarantors are responsible for all payment at the time of service, unless prior arrangements have been made with the office manager.

We accept cash, MasterCard, Visa, American Express and Discover. Care Credit is available with interest free options for up to 12 months. We also accept checks. However, if your check is returned for any reason, a \$50.00 fee will be added to your balance.

INSURANCE CO-PAYMENTS

Insurance co-pays are paid at the time of service. We do not bill for co-pays.

DEDUCTIBLES/COINSURANCE

If insurance deductibles are not met, full payment will be collected at the time of service. If your insurance deductible is met, your coinsurance amount will be collected at the time of service.

*****All fees quoted are based on your insurance. It is NOT a guarantee of coverage or payment. If your insurance denies your claim, you are fully responsible for the entire remaining balance. Our office is not responsible if your insurance denies a claim or makes partial payment. It is your responsibility to ensure that our facility is contracted with your insurance. Contact your insurance for details.**

*We **DO NOT** bill out medical insurance

Thomas & Thomas Dental is not affiliated with facilities that you have been referred to. This includes other specialty dental offices, scanning facilities and laboratory tests ordered by our general and specialty dentist. Thomas & Thomas Dental is not responsible for balances/or denied coverage from your insurance company.

PRIVATE PAY



If you have no insurance coverage or insurance that we do not participate with, full payment is expected at the time of service.

MINORS (Under the age of 18)

For first time patients under the age of 18, legal guardians are required to be present for the exam. Children that are unaccompanied without their legal guardian must have permission for Dental Examination and/or treatment form signed prior to treatment.

COLLECTIONS

Any balance assigned to collection agency will be assessed a 40% fee to off set the recovery expense.

COSMETIC AND PRODUCTS

All cosmetic procedures and purchased products will be paid at the time of service. No billing will be done for those procedures or product. There are NO refunds for products purchased in our office.

We want you to have a pleasant experience here at Thomas & Thomas Dental. If you have any questions, please do not hesitate to ask one of our Patient Service Representatives.

Thank you!

I have read and agree to abide by all Financial/Policies and Procedures

Patient Name or Guardian (Print) Date

Patient Name or Guardian (Signature) Date