

Dan Shelby, DMD
Practice Limited To Periodontics
400 E. Watauga Avenue
Johnson City, Tennessee 37601
Telephone (423) 926-4867

OFFICE FINANCIAL POLICY

Due to the increase of mailing statements and in trying to keep our fees as low as possible, we find it necessary to expect our patients to pay for the services they receive at that time, unless prior arrangements are made with our office manager. We want to give you the best and most reasonable service possible without having to raise our fees, and would appreciate your cooperation in this matter. In the event that payment for dental services is not made within 30 (thirty) days of treatment, then interest at the legal prevailing rate, plus a service charge will be added to the past due balance. If collection services or legal services are required to receive payment of the past due balance, you further agree to pay for all legal fees and costs reasonably incurred in connection therewith, which could be as high as 50% of the past due balance. Interest not paid when due shall be added to and become part of the principal.

INSURANCE

To avoid misunderstanding regarding dental insurance, we wish our patients to know that all professional services rendered are charged directly to the patient and that patients are personally responsible for payment of fees, in accordance with our above mentioned financial policy. We will help you prepare necessary forms to aid you in obtaining your benefits from insurance companies "upon full or partial payment of bill". We do not render our services on the basis that insurance companies will pay all fees. Each fee is individual for the individual patient.

Some plans require that the treatment plan be submitted for a "pre-treatment estimate". If this is included in your plan, then we will submit this information for you, however it is only an estimate of payment, not a guarantee of payment from your insurance company, and you are responsible for any portion not covered by your insurance company.

APPOINTMENTS

A minimum charge will be made for failed or cancelled appointments without prior notification of 24 hours. This fee covers only a portion of the overhead such as salaries, electric, heat, etc., which still has to be paid whether you are present or not. Once an appointment has been made, please remember this time has been reserved for you.

I FULLY UNDERSTAND AND AGREE TO THE OFFICE FINANCIAL AND APPOINTMENT POLICIES.

Person responsible for account

Address

Social Security #

Signature

Date