



FINANCIAL POLICY

It is our goal to provide the best possible periodontal care for you, and at the same time, avoid any confusion regarding our financial policy. If you have any questions about our policy, please discuss them with our staff. We provide the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

WHEN IS PAYMENT DUE?

Payment is due when services are rendered. We promise to provide you, in advance of treatment, the amount of payment that will be required at each visit so that you can discuss payment arrangements if finances are a concern. For all services rendered to patients who are minors, we will look to the adult accompanying the patient for payment.

WHAT ABOUT INSURANCE BENEFITS?

We do not accept insurance on your first visit. You will be responsible for payment of your first visit at the time of the appointment. However, we will file the claim with your insurance company so that you can be reimbursed to the extent of your coverage.

Brazos Valley Periodontics Center is *NOT in network* with any insurance providers. Claims are filed on an *Out-of-Network* basis, which means you are responsible for the difference between the insurer's fees and our office fees.

On subsequent visits, after we have had the opportunity to verify your insurance benefits, you will be responsible for paying your deductible as well as any portion of the treatment fees that we estimate will not be covered by your insurance policy. ***If your insurance has not paid the full balance of the claim within 60 days, you will be responsible for paying the balance.*** If the balance remains past 90 days, a 10% annual interest fee will be compounded monthly. Please remember that your insurance is a contract between you and your insurance company and/or employer. We are not a party to this contract. We file and accept insurance only as a courtesy to our patients.

PAYMENT PLANS

We realize that there are times when financial circumstances are unavoidable. If you have a financial concern, we ask that you speak with our office manager. We are pleased to accept Master Card and Visa, as well as Care Credit. We have also made it possible for patients to arrange payment plans with the office manager.

POLICY REGARDING CANCELLATIONS

Please initial to indicate your understanding of our policies:

WE REQUEST 72 HOURS (3 BUSINESS DAYS) CANCELLATION NOTICE BE GIVEN IN ADVANCE OF THE SCHEDULED APPOINTMENT.

When our office reserves an appointment time for you, we hope that you will make every attempt to keep your appointment. In consideration for our staff and other patients, we need adequate time to fill the appointment that has been canceled.

For hygiene appointments (cleanings, periodontal maintenance, scaling and root planing), the patient agrees to pay 50% of the cost of the procedure if the appointment is not canceled at least 72 hours in

advance. The cancellation fee will be added to the patient's account and must be paid before the patient schedules any subsequent appointments. This is a non-refundable fee.

DEPOSITS REQUIRED FOR PROCEDURES

Brazos Valley Periodontics Center requires a deposit to reserve time on our schedule.

When a surgical procedure is scheduled, a payment of \$500 must be paid 10 days in advance. Our office will call the patient to collect the payment, or the payment can be made at the time the appointment is scheduled. The deposit will be applied to the payment of the procedure. If the procedure is canceled by the patient with less than 72 hours' notice, the deposit will be relinquished to Brazos Valley Periodontics Center. Our office will refund the patient if there is a credit on the account after insurance pays.

We require a 50% deposit for scaling and root planing appointments. The deposit will be applied to the payment of the procedure. If the patient cancels with less than 72 hours' notice, the deposit will be forfeited to Brazos Valley Periodontics Center.

FINANCIAL RESPONSIBILITY AGREEMENT

The agreement for treatment and payment is between the patient and the doctor, not between the doctor and the insurance company. The charges, therefore, are the responsibility of the patient or responsible party. Insurance premiums are not a consideration in the recommendation of treatment or in the fee charged by this office for treatment. We recommend that any questions regarding your insurance company's coverage of treatment be addressed directly to the insurance company or your employer. We will be glad to assist you in any way possible. In the event of non-payment, the patient agrees to pay all the costs of collections, including, but not limited to, attorney fees, court costs, collection agency fees, etc.

When you pay by check, you expressly authorize our office, if your check is dishonored or returned for any reason, to electronically debit your account for the amount of the check, plus a \$40 charge.

I have read and understand Brazos Valley Periodontics Center's financial policy and agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

Patient Signature Date

Responsible Party Signature Date

Staff Signature Date