

Old Capital Dentistry

2715 North Columbia Street Milledgeville, GA 31061 478-453-7591

Financial Policy

Thank you for choosing our office as your oral healthcare provider. We are committed to your successful dental treatment. Please understand that payment of your bill is considered part of your treatment. The following is our financial policy which we require that you read and sign prior to treatment. If you have any questions or concerns about anything you read in this financial policy, please feel free to ask them. We would be happy to answer and explain any questions you might have.

Payment for services is due at the time services are rendered. We accept cash, checks, MasterCard, Visa, Discover, and American Express. Returned checks will result in a \$35.00 fee added to your account balance. Balances older than 30 days may be subject to additional collection fees and interest charges ranging from 1.75 % per month. A \$25.00 broken appointment fee may be incurred for any confirmed appointment that is broken or cancelled without giving the office 24 hours' notice.

Insurance: OUR OFFICE IS NOT AN IN-NETWORK PROVIDER FOR ANY INSURANCE COMPANY!!!! If you are covered under dental insurance and this is your initial visit to our office, and you do not have the current correct insurance information, we ask that you pay in full for today's visit. We will process your insurance claim for your reimbursement. At each visit, you will be required to pay your estimated percentage at the time the services are rendered. You must realize that your insurance is a contract between you, your employer, and the insurance company. We are not an involved party to that contract. Not all services are covered benefits in all the contracts. Some companies have certain services they will not cover. It is your responsibility to find out if a specific treatment is covered or not. We must emphasize that as dental care providers, our relationship is with you and not your insurance company. We file your insurance claims as a courtesy; however, all charges are your responsibility from the day the services are rendered.

In the event that this account balance is unpaid or if this account is turned over to a collection agency, you will be responsible for any collection fees that are added to the account.

I have read this financial policy, and I understand and agree to the terms of this policy.

SIGNATURE OF RESPONSIBLE PARTY DATE