

3809 Forrestrgate Drive | Suite A

Winston-Salem, NC 27103



1590 Westbrook Plaza Drive | Suite 202

Winston-Salem, NC 27103

Financial Policy

Welcome to Winston Salem Periodontics. We are happy to have you as our patient and look forward to offering you and your family exceptional dental care.

Payment is due at the time of services are rendered. For your convenience we accept cash, checks, credit cards, Care Credit and Sunbit.

All patients are expected to pay at the time of service.

To reserve an appointment for periodontal treatment, we require a non-refundable 10% deposit on the scheduled service. This will be collected at the time of scheduling and applied to the services provided on the treatment date.

Please check if you would like more information about financing options.

Please Note: Returned checks will be subject to additional fees. In the case it becomes necessary for our office to enlist a collection service and/or legal assistance; you will be responsible for any collection and/or legal charges up to 35%.

Do You Have Insurance?

- We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company.
- As a courtesy to you we will help you process all your insurance claims. Please understand that we will provide an insurance estimate to you, however, it is not a guarantee that your insurance will pay exactly as estimated. Your insurance company and your plan benefits will determine the amount paid. We will, of course, do all we can to make sure your estimate is as accurate as possible. If your insurance company has not made payment within 60 days, we will ask that you contact your insurance company to make sure payment is expected.
- We require you pay by cash, check, credit card or Patient Financing at the time we provide the service to you.
- We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Our office will not, however, enter into a dispute with your insurance company over any claim.

Appointments are reserved exclusively for you. As a benefit to you, our valued patient, we may offer to move your appointment to an earlier time if an opening arises.

If you must reschedule an appointment, please note, we require two working days notice. If you fail to keep an appointment or provide the required two working days notice, you may be charged a \$75 missed appointment fee or 20% of your planned appointment fee. This fee will not be covered by your insurance company.

Consent:

I have read, understand and agree to the above terms and conditions. I understand that responsibility for payment for Dental Services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless financial arrangements have been made. I further understand that a finance, rebilling, collection charge and/or attorney fee will be added to any overdue balance. By signing below, you are authorizing us to call you at any number you provide including calls to mobile/cellular or similar devices for any lawful purpose. You agree to any fees or charges that you may incur for an incoming call from us, and/or outgoing calls to us, to or from any such number, without reimbursement from us.

Responsible party's information

Who is the responsible party for payments? *

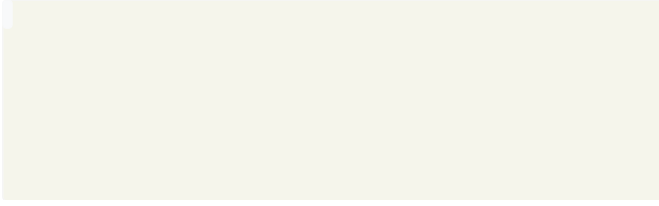
Patient Someone else

Patient Someone else

Patient First Name *

Patient Last Name *

Patient or Responsible Party's Signature *



Date