

Financial Policy

Thank you for choosing Roadt Family Dental to serve your dental needs. In an effort to keep our fees competitive, we have developed a financial policy.

1. Charges for services rendered are due and payable the day of the appointment.
2. All accounts over 90 days will be considered past due. Past due accounts are subject to 18% A.P.R. or 1.5% monthly service charge.
3. Patients who carry dental insurance should remember that professional service fees are charged to the patient and not to the insurance company. Your insurance company has no obligation to pay for our services; it is the policy holder's responsibility. Even though an insurance claim is filed, you will receive a statement each month if you have a balance due. You are liable for payment of your account within the time limits of our financial policy. Although this office cannot accept responsibility for checking late insurance payments or appealing denied claims, we will try to assist you with any problems concerning your insurance.
4. Insurance claims not paid by your insurance company within 60 days from the date of service will then rollover to the responsible party on the account.
5. Past due accounts may be referred to an authorized collection agency. In the event of default, you will be liable for 33 1/3% attorney collection fees and any collection agency charges.
6. Accounts that have been referred to an outside agency will be placed on a CASH ONLY basis for any future treatment.
7. Personal checks that are returned due to "insufficient funds" or "stop payment" are subject to a \$30.00 service fee.
8. Appointments not canceled 24 hours in advanced may be charged a Broken Appointment Fee.

I have read and understood the Financial Policy of Roadt Family Dental. I agree to be responsible for payment and terms of all services rendered on my behalf, or my dependants. I allow release of information relating to insurance claims concerning myself or my dependants to my insurance company. I authorize payment of dental insurance benefits to Roadt Family Dental, unless payable to me directly per the insurance plan.

Date

Signature of Patient or Parent if Minor