

Thomas M. Anderson, D.D.S.
FAMILY AND COSMETIC GENERAL DENTISTRY
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336-766-3377

Financial Policy

We are dedicated to providing the best possible care for you, and want you to completely understand our financial policies.

1. Payment is due at the time of service unless arrangements have been made in advance by your insurance carrier. We accept Visa and MasterCard.
2. Your insurance policy is basically a contract between you and your insurance company. As a service to you, we will file your insurance claim if you choose to assign the benefits be paid to the dentist. In other words, if you agree to have your insurance company pay the dentist directly. If your insurance company does not pay the practice within a reasonable period, we will look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you.
3. In some cases, we have made prior arrangements with insurance companies to accept their assignment of benefits. You are required to pay an estimated co-payment at the time of your visit. We will then file the claim with your insurance company.
4. If you are insured by a plan that we do not have a prior arrangement with, we will prepare and send the claim in for you on an unassigned basis. This means the insurer will send the payment directly to you. Therefore, our charges for your care are due at the time of service.
5. Not all insurance plans cover all dental services. In the event your insurance plan determines a service to be "**not covered,**" you will be responsible for the complete charge. Payment is due upon receipt of a statement when this occurs.
6. After all insurance benefits have been received; any balance left unpaid over 90 days will be subject to continuous monthly finance charge consistent with current rates. Those cases will also be turned over to a collection agency.

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

Signature of patient (or responsible party, if minor)

Date