

Parke Dentistry

Financial Policy

We are pleased that you have chosen Parke Dentistry for your dental needs. In order to better inform you, please read the following summary of our financial policy.

Insurance

You, as the patient, are responsible for all charges regardless of insurance coverage. As a courtesy, we are happy to file claims with your primary insurance company for services rendered. Your deductible, co-payment, and/or co-insurance are due at the time of service. However, if we have not received payment from your insurance company within 60 days from the date of the service, you will be expected to pay the balance in full.

*******WE ARE AN OUT OF NETWORK PROVIDER*******

Payment

We realize that patients have financial needs, and we will do our best to find a solution that will work best for you. We accept Visa, MasterCard, Discover, American Express, Dental Fee Plan and personal checks with proper identification. Returned checks may be recovered electronically along with the state allowed recovery fee. Payment of co-insurance, deductible, and/or co-payment is required at the time the services are rendered unless other arrangements have been made in advance. A finance charge will be applied to any account that falls into delinquent status (90 days past due) in which case the patient will be responsible for a monthly finance charge of **1.5%** on the outstanding balance.

Patients with outstanding balances 60 days or more overdue must make arrangements for payment prior to scheduling future appointments.

Missed Appointments / Late Cancellations

Your appointment is time set aside especially for you. Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time reserved for you. Please call our office and speak to an appropriate coordinator 24 hours prior to your appointment if you must cancel or reschedule. Unfortunately, if the required notice is not given, a fee of **\$85** will be charged and immediately payable. Excessive abuse of this policy may result in discharge from the practice.

I have read and understand Parke Dentistry's financial policy. I agree to assign insurance benefits to Parke Dentistry when necessary. I also agree that should it become necessary to forward my account for collection proceedings, in addition to the amount owed, I will also be responsible for the fees associated with the costs of collection.

Patient Name: _____

Signature

Date

Relationship if signed by Patient's Representative