

**DR. GREGG ALFORD**

**OUR FINANCIAL POLICY**

Dear Patient:

Thank you for choosing us as your dental care provider. The following is our Financial Policy. Therefore, if you have any questions or concerns about payment policies, please do not hesitate to ask our office manager.

We ask that all patients read and sign our Financial Policy as well as complete our Patient Information Form prior to seeing the doctor.

Payment for services is done at the time services are rendered, We accept cash, checks, and for your convenience , MASTERCARD, VISA and DISCOVER.

In special instances, we may accept assignment of Insurance Benefits. However, you must understand that:

1. Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party that contracts. Our relationship is with you only.
2. All charges are your responsibility whether you insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
3. Fees for these services along with unpaid deductibles and co-payments, are due at time of service.
4. If the insurance company does not pay you balance in full within 90 days, we ask that you contact the carrier to help resolve the matter.
5. If the insurance company does not pay in full within 45 days, we require you to pay the balance due.
6. There is a fee of \$25.00 on any returned checks. If insufficient charges are not taken care of, the matter will then be handled through our Prosecuting Attorney's Office.

Please note that, unless cancelled at least 24 hours in advance, you may be charged for missing appointments at the rate of a normal office visit. Please call if you have to re-schedule.

The doctor reserves the right to refuse to see a patient if they fail 3 appointments or are continuously late for appointments.

*Again, Thank you for choosing us as you dental care provider, we appreciate you trust in us and we appreciate the opportunity to serve you!*

Patients' Signature \_\_\_\_\_

Date \_\_\_\_\_