

FINANCIAL POLICY

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality dental care, and to create caring relationships in a compassionate, child friendly atmosphere. It is our policy to make definite arrangements with you before any treatment starts. Below is an explanation of our payment procedures. If you have any questions, please do not hesitate to ask.

1. Payment for services is due at the time the services are rendered. We accept cash, checks and credit cards: Visa, Master Card, Discover and American Express. We also accept bank debit cards.
2. As a courtesy, we will provide you with a copy of the charges to submit to your insurance carrier for your reimbursement or you may assign the payment to our office and we will file the insurance for you.
3. You must provide the office with a **dental** (not medical) insurance card with the proper mailing address of the insurance company or provide a **dental** (not medical) claim form, which is provided by the employer. If one of these documents is not available at the time of the appointment, you will be responsible for payment of all fees.
4. If insurance benefits are assigned to the doctor, you will be responsible for paying your deductible at the time of service. **You are responsible for all charges not covered by your insurance company, including all fees considered above your insurance company's usual and customary fee schedule.** Your insurance benefits are a contract between you and your employer. **The amount of coverage you will receive will depend on the quality of the plan purchased by your employer, not the fees of Dr. Ragsdale.**
5. Our office will file your insurance a maximum of two times per appointment.
6. **If the claim is not paid by your insurance carrier within 60 days, you will be responsible for the full balance and further insurance appeal becomes your responsibility.**
7. The office cannot carry balance longer than 90 days; regardless if the insurance payment is still pending. A \$5.00 monthly rebilling charge will be added to your account if it is not paid within 90 days, regardless of the balance amount.
8. **Please extend us the courtesy of giving the office 24 hours notice in the event you can not keep your appointment. Any failed appointments, especially "no shows" and "late cancellations" with less than 24 hours notice adversely affects the level of service we provide. We will allow one courtesy late cancellation, however, after the second failed appointment you will be charged a late cancellation fee of \$50 per appointment.**
9. After 90 days, we will inform you of your delinquent account by statement and if no action is taken to clear the account, you account will be sent to a collection agency or credit bureau. Should this office be required to employ an attorney or credit bureau to collect delinquent payments, the responsible party agrees to pay the office cost of \$75.00 plus all reasonable, related fees.
10. There will be a \$35.00 service charge for all returned checks.
11. The **parents** or **LEGAL GUARDIAN** of the child are responsible for payment independent of what a divorce decree may state. Reimbursement must be made between the divorce parties. We will not intervene.

AUTHORIZATIONS

1. I authorize Dr. Judith Ragsdale, and/or The Woodlands Dental Group to release any information concerning my case to my insurance company.
2. I have read and accept the above financial policy, understand it and agree to the terms set forth regarding payment.

Patient Signature or Responsible Party if patient is a minor

Date