MAXWELL L. GILLIAM, D.D.S. GENERAL DENTIST



CONNIE BRUCE-GILLIAM, D.D.S. PEDIATRIC DENTIST

2 Office Park Drive • Jacksonville, NC 28546 • (910) 577-5077

OFFICE POLICIES

Our Practice's Financial Policy

We are always dedicated to providing the best possible oral health care and dental services to you and your family. <u>Full payment</u> is due at the time that treatment is rendered. Complete understanding of your financial responsibilities as a patient is an essential element of your quality care and treatment.

For your convenience, we do accept Cash, Personal Checks, Discover, MasterCard and Visa. Long-term financing is available for our patients who qualify through HealthCare Credit Line.

Your Insurance

We have made prior arrangements with many insurers and other dental plans to accept an assignment of benefits. We will, as a courtesy to you, bill your insurance company for their estimated percentage of coverage for services rendered. You are required to pay the authorized co-payment prior to, or at the time of service. It is the policy of this office to collect the co-payment as you are checking out.

If you have insurance coverage with a plan that we <u>do not</u> have a prior arrangement, we will prepare and send the claim for you on an unassigned basis. This means that your insurer will send the payment <u>directly</u> to you. The charges for your care and treatment are due in this office at the time that your services are rendered.

In the event your insurance plan determines a service to be "not covered," <u>you</u>, the patient, will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.

When insurance only covers a "usual and customary fee," but that amount only represents a percentage of the actual fee, <u>you</u> are responsible for the remaining co-payment.

Minor Patients

For all services rendered to minor patients, we will look to the parent or guardian accompanying the patient for payment.

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Missed Appointments

In order to provide the best possible service and availability to all our patients, please call, as early as possible, should you need to reschedule your appointment. It is our policy to charge a <u>broken appointment fee</u> for any appointments not canceled at least <u>24 hours</u> in advance. For all patients on Medicaid, after two missed appointments, without notice, you must seek treatment elsewhere.

Billing Statements

It will be your responsibility to contact our billing clerk, as soon as possible, if you have any questions or concerns regarding your monthly statement. This way, the matter can be cleared up promptly.

I have read and understand the financial terms. I also understand and agree that by the practice.	1 0	•
Signature of patient/parent		Date

Patient's name (please print)