

Drs. Moss & Owen
310 Hampton Park
Camden, SC 29020
803/432-2155

PRACTICE FINANCIAL POLICY

It is our firm belief that our patients deserve the best possible dental care and service that we can provide. We regard your understanding of our financial policies as an essential element of your care and treatment. To assist you we have outlined our policy in this document. If you have any questions, please feel free to discuss them with our staff at (803) 432-2155.

Unless either yourself or your dental insurance company has made other arrangements in advance, full payment is due at the time of service. If payment in full is not possible at the time of service, arrangements must be made by meeting with our financial managers prior to services being scheduled. Financial arrangements for treatment that requires multiple appointments and that will occur over an extended period of time will be determined at the time of the case presentation. This will allow us to continue to provide you with high quality dental care by ensuring that we are able to meet our financial obligations.

For your convenience we accept cash, checks, Visa and MasterCard.

Returned Check Policy: We charge a \$30 fee for all returned checks.

Accounts with balances over 90 days past due are subject to a 35% collection fee and referral to a collection agency. Once an account is referred for collection, the past due amount plus the collection fee **MUST** be paid prior to your being re-appointed in our office. If your account is referred for collection and then paid, our office will no longer accept assignment of benefits for any further appointments regarding any dental insurance that applies. Patients will be responsible for all account charges at the time of service; we will gladly file with your insurance company and request that they reimburse you directly.

YOUR INSURANCE

Your insurance coverage is a contract between you and your insurance company.

Insured patients: For your continuing preventative and restorative care appointments, benefits payable by your insurance are estimated and your portion of the balance is due at the time of service.

It is important to receive correct or updated personal and insurance information at the time of service; we cannot file your claims without it. It is your responsibility to inform us of any changes in your insurance coverage. It is important to remember that your insurance coverage is a contract between you and your insurer. You are responsible for payment of services except where prohibited by statute or regulation.

We shall attempt to verify your coverage and file with your insurance. You will be responsible for the amount that insurance does not pay on the day of service. If we are unable to verify coverage, you will be required to pay the full amount at time of service. Any amount that is unpaid by primary insurance after 30 days must be paid by the responsible party/patient to avoid collection proceedings.

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

Signature of Patient or Responsible Party: _____ Date: _____

Print the name of the Patient: _____

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Due to the large number of people who make appointments but fail to show up for them or fail to give adequate advance notice when canceling them, it has become necessary to have a policy on appointment responsibility. Our office will attempt to confirm your appointment, by phone, the day preceding your appointment. You are still expected at your appointment whether we are able to contact you or not.

BROKEN APPOINTMENTS

An appointment is considered to have been broken if any of the following occur:

- 1) The patient fails to show up for the appointment;
- 2) The patient appears more than 15 minutes late for a scheduled appointment; or
- 3) The patient calls to cancel an appointment with too little advance notice to allow that appointment time to be rescheduled with another patient. (48) business hours will be considered to be the minimum time necessary to avoid a broken appointment. (i.e. If your appointment is on Monday, and you are unable to keep it, our office should be notified no later than the preceding Thursday morning.)
- 4) Any appointment cancellation made during our courtesy confirming phone call will be considered as a broken appointment and will be subject to the cancellation fee, as these are usually within 24 hours of the scheduled appointment.

Patients who wish to cancel dental appointments must do so a minimum of 48 hours in advance of their scheduled appointment. If less than 48 hours notice is given, the appointment will be considered to have been broken. **We regret that a \$50.00 fee will apply if your appointment is cancelled with less than 48 hours notice.** Additionally, this fee will be subject to a collection expense if any is incurred. In the event that the office is closed, you may always leave a message on our office voicemail.

- After a broken appointment, a courtesy rescheduling may be given. If a second broken appointment occurs within six (6) months, treatment will be delayed and may be discontinued.
- Broken appointments by family members scheduled on the same day can no longer be tolerated and will result in a \$50.00 charge per missed appointment or immediate referral from this practice.

I have read and understand the broken appointment policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

Signature of Patient or Responsible Party: _____ Date: _____

Print the name of the Patient: _____