TOTAL CARE DENTAL

Tom Wollschlager, D.M.D.
2167 Crawfordville Hwy.
Crawfordville, FL 32327
(850) 926-7700

FINANCIAL POLICY

Thank you for choosing us as your dental provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. In addition, all patients must complete our Patient Information and Medical History forms before seeing the doctor.

PAYMENT METHOD

Payment is required at the time services are rendered. Payment may be made by cash, check, or credit card. We also have an extended payment plan with prior credit approval. Should an account remain unpaid, after ninety (90) days, a billing charge of $4.00 shall be added to the account. An additional charge of $4.00 every month thereafter until paid in full. Defaulted accounts may be sent to a collection agency and/or a lawyer. Patient agrees to pay all collections costs and any reasonable attorney's fees incurred.

INSURANCE PAYMENTS

It is our pleasure to assist you in maximizing your insurance benefits by completing and filing your claims for you electronically. We cannot bill your insurance company unless you give us complete and correct insurance information. The treatment fees are your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company, and we are not a party to that contract. Please be aware that some, and perhaps all of the services provided may be non-covered services. The patient shall pay all non-allowable, estimated co-portions (if a payment history for estimation), and deductible charges when services are rendered.

RESPONSIBILITY

The patient (or guardian) is considered responsible for payment of professional fees. If we bill a third party dental insurance and they fail to make timely payments, then the patient (or guardian) will be responsible for payment immediately.

MISSED APPOINTMENTS

Our office is a practice in which extended periods of time are set aside for your appointments. Because of this, missed appointments waste precious time that could have been used for another patient. A 10% deposit may be requested for appointments greater than 45 minutes in length and/or $500.00 in treatment cost. Unless canceled at least 3 of our business days in advance, the appointment deposit is subject to forfeiture. Please help us serve you better by keeping your scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy.

X____ **Date**______________________

Signature of Patient or Responsible Party