ROBERT W. JOHNSON DMD

Dental Partners of SWGA Financial Office Policy

This financial policy is intended to be a clear communication to you as to what your financial responsibility will be to our office for any dental services we provide. In addition, it also is to keep our office financially healthy so we can provide excellent dental care for you and your family. We are committed to providing you with the most comprehensive dental care using only the highest quality materials and technology available in the market. We are also committed to providing you with the up-to-date information and educational tools so that you may participate in maintaining optimum oral health.

Please initial the following:

_____Payment is expected in full on the same day that services are rendered. We offer several financing options; therefore, all payment arrangements and financing must be completed before services are rendered.

_____As a courtesy we "file" all insurance for our patients. The authorization for assignment of benefits agreement is for insurance payments payable directly to Dental Partners. For us to file your insurance claim, you must bring Proof of Insurance to each appointment. If payment is not received within 60 days from the date of service with all efforts exhausted for request of payment, we will close the claim. The balance then becomes patient responsibility and necessary information will be provided to you for appeal with your insurance carrier.

_____An **Estimate** of coverage based on the information received from your insurance carrier will be provided on the day of service. The difference/copayment will be your responsibility due on the day services are rendered. Any difference upon final reconciliation of insurance payments will be billed to you payable upon receipt. We accept cash, check or credit. Extended payment financing options are available.

_____In the event your insurance provider does not offer assignment of benefits, we will file your insurance as a courtesy and you will be responsible for all payments at the time of service. Again, we do offer several financing options.

_____Minors. The parent that brings the child is responsible for the entire bill. If another parent is to be responsible for payment, financial arrangements will need to be made with him/her in person and in our office before treatment is rendered.

_____NSF/Returned Checks. There will be a $30 processing fee for a returned check, and we reserve the right to no longer accept payments by check for future services.

_____Missed appointments. Our practice will charge a fee for no-show appointments and/or cancellation of appointments without a 48-hour notice.

_____Delinquent accounts with a balance over 90 days will be turned over for collection thru a collection agency and you will be contacted by the agency for collection of your balance. This is not a pleasant experience for either party. We will reserve the right for continued services.

_____*****I have read and accept the terms and conditions of this financial policy*****

Signature_____ Date_____