

FINANCIAL POLICY

We value you as a patient and are committed to providing you with the best possible dental care. We want you to have a complete understanding of your financial responsibility for the services to be provided. To assist us in achieving these goals, we ask that you review our financial policy.

If you have insurance, you will need to bring your insurance card to your first visit and at any time your insurance changes. Insurance benefits are determined by your employer, not your dentist. Your coverage is a contract between you and your insurance company. As a courtesy to our patients, we will file your insurance (PPO plan) and accept the assignment of benefits, however we do not verify benefits. If you are not sure what your benefits are, please contact your insurance company. We will verify your dental eligibility and will estimate your deductible and your portion of the fees. Your portion is due on the date service is provided.

If your insurance company does not accept assignment of benefits and the insurance payment is mailed to the policy holder, our office must collect on the date service is rendered. Insurance companies known to mail payments to the policy holders are, but not limited to, Delta Dental and Blue Cross Blue Shield. We are an out of network provider for all PPO plans and are not a participant in any dental networks or any discount plans. Payment for services is expected on the date service is provided either as stated above concerning insurance or by personal payment. If treatment is in excess of your budget, financial arrangements can be made. We accept cash, check, all major credit cards and Care Credit. Cleaning charges are expected to be paid in full on the day of service.

Our office policy for treatment is, ½ of the fees must be paid on the date they are provided. The balance can be paid making monthly payments. A finance charge of 1.5% per month will be assessed on any unpaid balance after 90 days from date services were provided. This finance charge represents an annual percentage rate of 18%.

If your check is dishonored or returned for any reason, the check must be replaced with a money order, cash or credit card within 5 business days of the return, plus a \$25.00 processing fee.

Your dental appointments are scheduled exclusively for you. Please notify our office at least 24 hours in advance if you are unable to keep your appointment. We reserve the right to charge \$50 for any broken appointment. *Broken appointments are considered those that are missed (no-show) and cancelled with less than 24 hour advance notice.*

All charges are the responsibility of the patient or responsible party regardless of insurance coverage. Delinquent balances will be referred to our debt collection agency. All collection costs involved in the settlement of your account are the responsibility of the patient or responsible party. Dental care will not be provided until account balance has been paid in full and all future dental care must be paid for on the date service is provided.

I have read and understand the financial policy of this practice and I agree to be bound by its terms.

Patient or Responsible Party Signature

Date

Barksdale and Hastings DDS
2606A Bens Branch Drive
Kingwood, TX 77339
281-358-3843