



FINANCIAL POLICY

174 Beech Ave., Denmark SC 29042
Phone (803) 793-3653 Fax: (803) 793-0927
www.denmarkdentistry.com

FINANCIAL ARRANGEMENTS

Payment in full is expected at the time of service unless other arrangements have been made prior to your appointment. For your convenience, we accept cash, check, Care Credit, and most credit cards.

If you have dental insurance, we will file your insurance claim for you. We will contact your insurance company for you and determine your financial responsibility as closely as possible. You will be expected to pay this amount on the date of service. It is imperative that you understand that this is an estimate and we cannot guarantee its accuracy. After your insurance company pays their portion, we will provide you with a statement that clearly displays any balance remaining. This amount will be due upon notification. Please note that your insurance policy is a contract between you and your insurance carrier. It is your responsibility to understand your plan benefits. If for any reason your insurance carrier does not pay within forty-five days, as allowed by law, the balance will become your responsibility.

Any past due balance is subject to a monthly finance charge. In the unfortunate circumstance that your account becomes more than 90 days overdue, we will send your account to our collection agency; your account will also be charged an additional collection fee of up to \$50.00.

AGREEMENT:

I understand that I am responsible for my total dental cost regardless of any insurance coverage.

DATE: _____ SIGNED: _____