

General Dentistry
2801 Wooten Boulevard, Building B
Wilson, NC 27893

Welcome to our practice! We are thankful that you have chosen us as your dental health provider. We strive to provide quality dental care in a safe and pleasant environment. You, the patient, are our number one concern. If you ever have a question or comment, please feel free to speak with anyone on our staff. We only grow and improve through constructive comments! Below you will find our payment policy. Please read this closely and sign at the bottom of the page. We look forward to working with you!

Drs. Dixon, Holmes and Staff

- ❖ It is your responsibility to give us all needed insurance information – otherwise payment is due when services are rendered.
- ❖ We file insurance as a courtesy to our patients. If your insurance does NOT cover procedures as we **ESTIMATE** you are responsible for the balance.
- ❖ Your estimated portion is due at the time of service.
- ❖ Our **ESTIMATES** do not guarantee what your insurance will pay. The most accurate way to determine what your insurance will pay is with a prior approval of your proposed treatment from your insurance company. At your request, our office will be glad to assist you with this.
- ❖ We suggest that you make every effort to stay informed of your annual remaining insurance benefits. We can only be certain of the benefits paid to our office. You are responsible for the accounting of any benefits used at other dental offices or specialists such as the periodontist, oral surgeon, endodontist, etc...
- ❖ For any balance left over 60 days, finance charges will accrue at a rate of 1.5% per month or \$3.00 per month, whichever is greater.
- ❖ Any balance not paid in full within 90 days may be sent to collections.
- ❖ We reserve the right to charge \$25.00 for any check returned to us for nonpayment.
- ❖ We reserve the right to charge \$25.00 for any appointment missed, without 24 hours notice given.

I have read the payment policy, and I understand and agree to these specifications.

Patient/Parent/Guardian Signature _____

Date _____

SECONDARY INSURANCE POLICY HOLDERS:

We will file your secondary insurance as a courtesy after your primary insurance has paid. You are still expected to pay your estimated responsibility of your primary insurance at the time of service. We will send you a refund after your secondary insurance pays.