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### **Dental Insurance**

We will gladly assist you with your dental insurance plan. Most plans cover only a portion of the dental fee; therefore as a courtesy to our patients we will file your insurance for you but ask that you pay the non-covered balance at the time of service. If your insurance company has not paid within 60 days you will be billed for the unpaid balance and payment in full will be expected at that time. We recommend that you become directly involved in communication with your insurance carrier in order to expedite payment.

### **Payment Options**

We accept Visa, MasterCard, Cash or Personal Check. Convenient monthly payment plans through outside financial institutions.

### **Appointments**

In order to allow the best possible care for our patients we reserve a specific time just for you and make every effort to see you as scheduled. We appreciate your promptness and your consideration in not changing your scheduled time. However, if you need to change your appointment a 48-hour notice is expected. ***If a minimum of a 48-hour notice is not given, a failed appointment fee may be charged.***

### **Patient Agreement**

I understand that my insurance policy is an agreement between myself and the insurance company; therefore I am ultimately responsible for all fees incurred for my dental treatment regardless of payment or denial of my insurance claims by my insurance carrier.

I authorize insurance payment directly to **Boiling Springs Dentistry**.

I authorize the release of necessary information to my insurance company to determine liability for payment and to obtain reimbursement for any claims.

If this account is assigned to an attorney or collection agency, I authorize the release of **all** necessary information and agree to be responsible for any and all attorney fees, collection fees, and court cost incurred.

***Patient Signature (Or Guardian if Minor)***\_\_\_\_\_

***Date***\_\_\_\_\_