

FINANCIAL POLICY

DR. MALCOLM D. TAYLOR, D.D.S.
DR. RUSSELL T. TAYLOR, D.M.D

Thank you for choosing us as your dental care provider. We are dedicated to giving you quality care and committed to the success of your treatment. Please understand that payment of your bill is considered part of your treatment.

PAYMENT

FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. We accept cash, check, Visa, and MasterCard.

Additionally, you will be held responsible for any charges that may be incurred to satisfy unpaid account balances (collection and/or attorney charges).

INSURANCE

In most cases, we accept assignment of insurance benefits as payment.

As a courtesy, we will attempt to contact your insurance company to receive a summary of benefits. However, it is ultimately your responsibility to understand the policy you have chosen. Your insurance policy is a contract between you and your insurance company. Please read the benefits of your individual policy. Some, and perhaps all, of the services provided, may not be covered or may not be considered reasonable and necessary by your insurance company. We require your portion be paid at the time services are rendered.

PLEASE REMEMBER YOU ARE FULLY RESPONSIBLE FOR ALL FEES CHARGED BY THIS OFFICE WHETHER YOUR INSURANCE COMPANY PAYS OR NOT.

In addition, you are responsible for providing our office with all necessary billing information in order that we may bill your insurance company in a timely manner.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary fees.

MINOR PATIENTS

Minor patients must be accompanied by an adult (Parent, Guardian, Other). At the completion of the minor's appointment, the accompanying adult is responsible for expenses incurred.

MISSED APPOINTMENTS

Unless cancelled at least 24 hours in advance, appointments 3 hours or less in length will be subject to a non-refundable missed appointment charge of \$25.00 per hour. Appointments over 3 hours in length will be charged a minimum of \$100, which is non refundable, if the appointment is cancelled within 3 business days prior to the appointment.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES, AND I AGREE TO ACCEPT RESPONSIBILITY FOR ANY FINANCIAL OBLIGATIONS INCURRED.

Signature

Date