EFFINGHAM DENTAL ASSOCIATES, P.C.

Family and Cosmetic Dentistry

Donald B. Nelson, Jr., DMD Robert D. Nelson, DMD

Office Financial Policies

The following is a statement of our Financial Policies for services provided within our office. Please read and sign this document prior to treatment in our office.

Patient Responsibility

Please allow 24 hours notice if you will not be able to make your appointment. There is a $50 charge for failing to show for your appointment. **Initial**_____

Due to insurance regulations, deductibles and percentages are due at the time of service. If there is no insurance, balance is due at time of service.

Initial_____

All professional services rendered are charged to the patient and are due at the time of service. As a courtesy, this practice will file your claim with your insurance carrier. The patient or responsible party is ultimately responsible for the charges not covered by your contract with the carrier.

Initial_____

Insurance carriers typically do not cover all dental costs. Some pay fixed allowances for each procedure and office visit while others pay a percentage of the cost. Your dental benefit program/ Insurance is a contract between you, your employer, and the insurance company. It is the patient's responsibility to understand their insurance coverage.

Initial_____

When you receive a statement, you are requested to pay the balance in full upon receipt of the statement. If not paid, it may result in turning the balance over to an outside collection agency for recovery.

Initial_____

I understand that I am financially responsible to Effingham Dental Associates, P.C.

Initial_____

I understand that if my account becomes past due and has to be turned over to a third party collection agency, there will be a collection fee of 35% added to my balance.

Initial_____

Name_____ **Date**_____

Assignment of Benefits

I hereby assign and authorize my insurance benefits to be paid directly to Effingham Dental Associates, P.C.

Patient Name (PRINT)	**Signature of Patient/Responsible Party**	**Date**

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