

Financial Policy

Thank you for choosing Tooth Acres, Inc. as your dental provider. We are committed to providing you and your family with the best in dental care.

We ask that all responsible parties read and sign our financial policy as well as complete the patient information forms prior to seeing the dentist.

Payment for all services will be due at the time services are rendered. In order to serve you better, we accept MasterCard, Visa, Discover, American Express, cash, checks or Care Credit if you choose this option. As a courtesy to you, it is the policy of Tooth Acres, Inc. to bill your insurance carrier, although you are ultimately responsible for the entire bill. As the responsible party, please understand:

(PLEASE INITIAL THE FOLLOWING)

___ 1) Your insurance policy is a contract between you, your employer, and the insurance company. We are not a party of contact. Our relationship is with you, not your insurance company. We will not become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance and "usual customary" charges. As your dental provider, we will only supply factual information to facilitate claim processing.

___ 2) Fees for services, which include unpaid balances, deductibles, and co-payments, are due at the time of service. Returned checks and unpaid balances may be subject to collection placement and collection fees.

___ 3) All charges are your responsibility, whether your insurance company pays or does not pay. If your insurance carrier does not remit payment within 60 days, the balance will be due in full from you. If any payment is made directly to you for services billed by Tooth Acres, Inc., you recognize an obligation to promptly remit payment to Tooth Acres, Inc.

___ 4) I understand and agree that if I fail to make any payments for which I am responsible in a timely manner, after such default and upon referral to a collection agency or attorney by Tooth Acres, Inc., I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees.

At Tooth Acres Inc., we understand that financial problems affect timely payment, so we encourage you to communicate any such problems to us, so that we may assist you in keeping your account in good standing. If you have any questions, please call 210-829-7651.

I UNDERSTAND THAT THE ABOVE INFORMATION AND WILL BE RESPONSIBLE FOR MY ACCOUNT.

PRINT NAME OF

PATIENT: _____

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY: _____

DATE: _____