
Erskine Family Dentistry Appointment & Financial Policy

We are committed to providing you with the best possible care, & we are pleased to discuss our professional fees with you at any time. Your clear understanding of our appointment & financial policy is important to our professional relationship.

***All patients must complete our "Patient Information Forms" prior to being seen.**

***Full payment is due at the time of service.**

***We accept cash, checks, Visa, MasterCard, Discover & Care Credit.**

MINOR ACCOMPANIED BY AN ADULT

The adult accompanying a minor & his/her parents (or guardians), are responsible for full payment at time of service. If the adult accompanying the minor, is not the parent or guardian, the Parent/Guardian Consent form must be signed for dental care to be provided.

UNACCOMPANIED MINORS

The parents (or guardians) are responsible for full payment. Non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan or Visa/MasterCard/Discover/Care Credit, or paid by cash or check at time of service. The Parent/Guardian Consent form must be signed.

REGARDING DENTAL INSURANCE

Insurance is a contract between you & your insurance company. We will not become involved in disputes between you & your insurance regarding deductibles, co-payments, covered charges, secondary insurance, usual & customary charges, etc. other than to supply factual information as necessary. You are responsible for the timely payment of your account,

If insurance applies you must pay the co-payment at the time of service. Once insurance has paid, any remaining balance is due within 15 days. If your insurance company has not paid the FULL BALANCE within 30 days, you have 15 days to pay the balance. If you have secondary insurance, as a courtesy we will submit your claims with that carrier. If secondary insurance has not paid within 6 weeks from the date of service, you will be billed and have 15 days to pay the balance.

MISSED APPOINTMENTS

Please allow 2 working days (48 hours) notice to reschedule an appointment. If proper notification is not provided a broken appointment fee of \$55.00 will be charged to your account. Please help us serve you better by keeping scheduled appointments.

Signature _____ Date _____

Response Date:

____/____/____