

Melissa R. Owen, PLLC
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FINANCIAL OPTIONS

METHODS OF PAYMENT

- Cash, check or credit card (VISA, MasterCard)
- Dental Insurance (described below)
- Care Credit Payment Plans

If you do not have dental insurance, we require the full amount be paid at the time of service. The office staff will be glad to assist you in estimating what your fee will be before your appointment, but please remember it is only an estimate! Please note there will be a \$50.00 fee on all returned checks.

DENTAL INSURANCE

Our office will file your primary insurance for you as a courtesy. However, your insurance contract is between you, your employer, and the insurance company, not our dental office. All such insurance plans carry differing benefits, and I understand that my social security number will be cross-referenced with my insurance company in order for an estimate of my dental benefits to be made. *Please understand that, regardless of what your insurance company pays, you are ultimately responsible for your dental bill.*

We will need you to bring us a copy of your benefit booklet if you would like help interpreting your benefits. However, it is your responsibility to read and know your insurance booklet. **The insurance co-payment is an estimate of what your insurance may pay. IT IS NOT A GUARANTEE!!** Not all services are a covered benefit in all insurance contracts. Alternative treatment clauses and reasonable and customary allowances are a factor in what your insurance company may pay.

Your estimated co-payment and deductible are due at the time services are rendered. We cannot use a "wait and see" policy with insurance benefits as that it is the law that we collect your portion when services are rendered. Delay in collections only increases your cost of care with additional costs of billing. Insurance companies take from 30 to 60 days to pay a claim and often require further information from our office or from you before they will process your claim. If the insurance company does not pay your claim within 60 days, you will be billed for the full cost of treatment incurred and reimbursed when the insurance check comes in.

APPOINTMENT PHILOSOPHY

Your appointment time has been reserved exclusively for you. A 24-hour notice is needed for any changes in your appointment as this affects other patient scheduling; when we are unable to fill an appointment due to last-minute cancellations, everyone pays the price in that cost of care must increase to cover such losses. For this reason, patients who repeatedly cancel or do not show up for their appointments may be asked to seek treatment elsewhere.

Please be advised that all accounts will be cross-referenced for outstanding medical debts utilizing the patient's (or guardian's) social security number through docWatch, an independent medical credit reporting agency. The information obtained will be used solely for informational purposes and will not be reported to the patient's (or guardian's) credit history.

I have read and understand the above information. I have had a chance to ask any questions and have them answered to my satisfaction. I understand that I am responsible for any charges incurred from services rendered.

Signature _____ Date _____