

Piedmont Dental Partners
1562-101 Constitution Boulevard
Rock Hill, South Carolina 29732
Phone 803-328-3886 Fax 803-327-7537
Email: info@piedmontdentalpartners.com

Financial Policy

We are committed to providing you with the best possible dental care, and we are open to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship, so please ask in you have any questions.

We understand that making financial arrangements permits a greater number of patients to gain access to advanced restorative dental care. The financial arrangements we have available are listed below:

___1) Full payment at the time of service:

This is required for all services **less than \$200.00**. This specifically includes services that are completed in one appointment, and other services that may require a secondary delivery appointment.

___2) Pay as you go:

This applies to cases **over \$200.00**. We will divide your balance by the number of estimated appointments required to complete your care. A consent form will be given to you outlining specific payments. Please note that it is our policy to only deliver crowns or other prosthetics when the amount is paid in full.

___3) Bank Card Draft:

This applies to cases **greater than \$200.00**. If you would like to extend your payments for 90 days or less, we will be happy to draft your bank card at specified intervals. Ask to fill out an application for this service.

___4) Prepay Discount:

This applies to large cases **greater than \$2000.00**. A prepayment discount of 5% will be subtracted from the total patient obligation (not from any portion due from the insurance company) if the patient's obligation is paid prior to beginning the first treatment.

___5) Extended Payments:

We have contracted with **Care Credit** to offer you a full line of credit services. You may apply confidentially by calling 1-800-365-8295, or online at carecredit.com.

Methods of Payment and Balances Due

We accept Visa, MasterCard, Discover, American Express, all ATM/Debit Cards, personal checks, and cash.

Payment is expected in full at the first appointment unless you have made written arrangements in advance. Any unpaid balance may be subject to a finance charge.

Insurance Policy

Please read carefully!

If you have dental insurance, you must present your current dental insurance card upon arrival. If you are new to our office, you must pay for your first visit in full at the time of treatment regardless of coverage. Once eligibility, deductibles, coverage rates, and yearly benefits have been confirmed, we will accept assignment of benefits for certain procedures. At all times, you are responsible for the full fee quoted, regardless of dental benefits paid.

For those services to which we will accept assignment, we will provide you with an estimate of dental coverage based on our history and verbal communication with your carrier. You will be expected to pay your estimated portion at each treatment visit. If our estimate results in a balance due, the entire balance is due within 10 days of your final insurance payment for that treatment sequence. We do not write off or adjust balances after insurance has paid. Unpaid balances may be subject to a finance charge and accounts over 90 days may be released to our collection agency.

I hereby understand and agree to the above financial policy. Specific payments and due dates are found on another form.

Signature: _____ **Date:** _____