

John C. Harrell, D.M.D., P.C.  
**FINANCIAL POLICY**

Payment is expected at each visit the times that services are rendered. We accept check, cash, or credit card (Visa, Master Card, American Express and Discover).

INSURANCE: We are happy to take assignment of benefits for your insurance with the following stipulations:

- 1) A current **PRIMARY** dental insurance card must be brought at the time of the appointment or full payment will be expected.
- 2) Only **PRIMARY** coverage is accepted. (**NO** secondary coverage is accepted, but we will file your secondary insurance claim.)
- 3) Deductibles, as well as any percentages not covered by your insurance, must be paid at the time of treatment.
- 4) Your insurance must take assignment and pay us directly.
- 5) If coverage is with a third party, all forms must be completed and payment assigned to us.
- 6) If payment is **NOT** received from your carrier within **60 DAYS**, regardless of the reason, payment must be made by you in full within **10 DAYS** of notification.
- 7) If there is a credit balance after payment has been made by your insurance company, a refund will be made within 30 days, if so requested.
- 8) A social security number must be in file, in order for our office to accept assignment of benefits.

I also understand that I am responsible for payment of services rendered, and also responsible for paying any co-payment and deductible that my insurance does not cover. I hereby authorize the release of information necessary to process claims made by John C. Harrell, D.M.D., P.C. for services rendered to me. I authorize the use of this signature on all of my insurance submissions as well as authorize payment of insurance benefits to John C. Harrell, D.M.D., P.C.

We accept insurance assignment only as a **COURTESY** to you. We will not get involved in any dispute with your carrier, but we will be happy to provide any additional information to help you collect from your insurance company.

A charge of 1.5% of any unpaid balance will be added monthly.

You will be responsible for all collection fees incurred if an outside collection agency is used to recover past due balances.

We have reserved your appointment time exclusively for you and would appreciate 48 hours notice if you are unable to keep your appointment in order to avoid a \$75.00 cancellation charge for this time.

I have read and understand this payment policy and agree to abide by its content.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_