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

Payment in full is expected at time services are rendered. We accept check, cash or credit card (Visa, Master Card, American Express, Discover & **Care Credit**

INSURANCE: **WE ARE OUT OF NETWORK with all insurance co. EXCEPT Cigna Radius/Total DPPO and Aetna Extended Plan**

Your insurance policy is a contract between you & your insurance company and is only meant to help you with the dental cost: it is NOT a pay-all

The % the insurance states they will pay is based on THEIR FEE, NOT OUR FEE

Our office will file your claim as a courtesy and we will inquire about certain benefits on your behalf; **however it is impossible for us to know the detail of your plan**.

First and foremost, Dr. Harrell's main goal is to help you take care of your teeth and gums. Therefore he makes recommendations based on what your needs are as an individual vs. what your insurance plan covers.

Your insurance plan has a maximum that they will pay for per calendar year or benefit period. This is the most your plan will pay for that year. Remember that you may have used some benefits with your general dentist or other dental specialist.

Some dental services are not covered by all insurance plans.

I understand that I am responsible for payment of services rendered. 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 my insurance submissions.
Your insurance policy is a contract between you and your insurance carrier. Dr. Harrell is not responsible for how they do or do not pay. 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 finance charge of 5% of any unpaid balance will be added monthly.

You will be responsible for all collection fees incurred if an outside 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**