

### Financial Policy

We appreciate the opportunity to provide dental care to you this year. Since most of our patients have dental insurance, we file insurance claims the day of your visit. Please keep us informed of any changes in your insurance carrier or coverage.

As required by Ga. State Law, all insurance companies must process electronic claims within 15 days and paper claims within 30 days. They are subject to stiff penalties for failure to pay your claims. Please remember to call your insurance carrier on all late or unpaid claims. If you do not receive a satisfactory response, report this directly to the insurance commissioner at 404-656-2056.

All fees for services rendered are due and payable at the time of service; we reserve the right to waive any assigned insurance benefit and direct payment to our office on a per diem basis, due to the changes in insurance plans. As a parent/guardian, you are responsible for all fees for services rendered for the treatment of any dependents.

**We will be enforcing our new billing and collection policies and hope that with your assistance we can keep our unpaid claims and overhead to a minimum. Our new policy is as follows:**

\* Emergency patients are expected to pay for services at the time of treatment with cash or credit card.

\* If a statement is sent on any unpaid balance, we expect the balance to be paid within 10 days from the mailing date.

\*Midway Family Dentistry reserves the right not to re-file any or all claims for direct payment to us, but we will re-file on your behalf for you to receive payment in full.

\*Claims are submitted electronically; therefore expect multiple statements in one month to communicate any outstanding balance.

**\*Any appointment broken or cancelled without a 24 hour notice will result in a \$50.00 charge.**

**\*Any account that is turned over to our collection agency will be subject to a \$12.00 processing fee.**

\*Our commitment to you is to **maximize your insurance benefits.**

I acknowledge and agree that payment is due at the time that services are rendered. I understand if Midway Family Dentistry chooses to accept my insurance for direct partial payment my estimated portion is due the day of service. **If my insurance has not paid Midway Family Dentistry within 30 days of my service date, I agree to pay Midway Family Dentistry in full within 10 days from being notified by phone, mail, or fax and have the insurance benefit come directly to me.**

I authorize payment of benefits to Midway Family Dentistry, Dr. Reinhart, or Dr. Moore for services rendered under the terms of my insurance policy. I authorize Midway Family Dentistry to release any medical information or other information necessary to process any insurance claims.

**Patient/Responsible Party**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_