

Ross & Fredrickson, D.D.S.
10229-A Clemson Boulevard
Seneca, SC 29678

OUR FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read, and sign prior to any treatment.

All patients must complete our information and insurance form before seeing the dentist.

FULL PAYMENT IS DUE AT TIME OF SERVICE.
WE ACCEPT CASH, CHECKS, OR VISA/MASTERCARD/DISCOVER.
WE OFFER A PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.

Regarding Insurance

*We do not participate in any Preferred Provider Plan (PPO). We may accept assignment of insurance benefits if a copy of your insurance card, or an original claim form is provided. However, we do require 20% of the bill (or your estimated portion) be paid at time of service. Major dental procedures will be divided into 2 monthly installments; with the first payment being due the day treatment is started. If your insurance carrier pays the benefits to the insured, then full payment is required at time of service (i.e. Delta Dental). The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information. If a copy of your insurance card, or an original claim form is not provided we will be unable to file your dental claim. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits we require that you be pre-approved on our extended payment plan. If your insurance company has not paid your account in full within 60 days, the balance is your responsibility, and we will be unable to schedule further dental appointments until the balance has been paid. *No dental appointments will be made for accounts with a balance of \$200.00 or more.* Please be aware that some, and perhaps all, of the services provided may be non-covered services, and not considered reasonable and customary under your dental or medical plan. *All co-pays and deductibles are due prior to treatment, and a 1.5 percent interest rate will be applied to all unpaid balances after 60 days.**

Adult and Minor Patients

Adult patients are responsible for full payment at time of service. The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/MasterCard/Discover, or payment by cash or check at time of service has been verified. In divorce situations, we will file insurance if the proper information is provided, but the monthly statement will be mailed to the custodial parent. We will not be made privy to divorce or custodial financial arrangements.

Missed Appointments

Unless canceled *at least 24 hours in advance*, our policy is to charge for the first missed appointment at the rate of a normal office visit. *If more than one appointment is broken, we will not be able to schedule any future appointments for you with our office.* Please help us serve you better by keeping your scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy, and agree to this Financial Policy:

X _____
Signature of Patient/Responsible Party

Date _____