

# ***Important Information for Our Patients***

## **Terms of Payment**

The following is a guide to the terms of payment we accept. We are committed to working with you to match a payment plan to your needs; therefore we offer different options to our patients, which allows for payment to be convenient and flexible. We are available to answer any questions you may have.

## **Dental Insurance**

We will gladly assist you with your dental insurance plan. To help us assist you in determining your maximum benefit, please ***bring your insurance explanation of benefits booklet and your insurance card to your visit.*** Most plans cover only a portion of the dental fee, therefore as a courtesy to our patients we will file your primary insurance for you but we ask that you pay the non-covered balance at the time of service unless prior arrangements have been made. If your insurance company has not paid within 60 days you will be billed for the unpaid balance and payment in full will be expected at this time. We recommend you become directly involved in communication with your insurance company in order to expedite payment.

We do not accept assignment of benefits for secondary insurance; however, we will give you all the necessary information for you to file your claim, allowing the payment to come directly to you.

## **Payment Options**

- We accept Visa, MasterCard, money order, cash, or personal check.
- A convenient interest free payment plan through an outside financial institution.
- A pre-authorized monthly payment plan on your credit card.

## **Appointments**

In order to allow the best possible care for our patients we reserve a specific time just for you and make every effort to see you as scheduled. We appreciate your promptness and your consideration in not changing your scheduled time. However, if you need to change your appointment a 24-hour notice is expected. If a minimum of a 24-hour notice is not given a failed appointment fee of \$50.00 will be charged.

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## **Patient Agreement**

- I understand that my insurance policy is an agreement between myself and the insurance company; therefore I am ultimately responsible for all fees incurred for my dental treatment regardless of payment or denial of my insurance claims by my insurance company.
- I authorize insurance payment directly to James J. Swick, II DDS.
- I authorize the release of necessary information to my insurance company to determine liability for payment and to obtain reimbursement for any claims.
- If this account is assigned to an attorney or collection agency, I agree to be responsible for any attorney fees, collection fees, and court cost incurred.

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SIGNATURE OF RESPONSIBLE PARTY

DATE