

William W. Clance, DMD, MAGD

Welcome!

We would like to take this opportunity to extend a personal "Thank you" for allowing us to assist in your oral healthcare needs. Dr. Clance and his staff are trained professionals, who are committed to providing you with the highest quality of dental care, as your health and well being are our primary concern. Please understand that prompt payment of expenses is part of your treatment. Thus, the following is a statement of our Financial Policy, which we require you to read and sign before treatment. We are happy to provide you with a signed copy for your records if you would like.

Payment for Services

We accept cash, check, debit cards, Visa, Master Card, Discover, and Care Credit.

Regarding Insurance

We gladly file insurance claims and accept insurance reimbursement on your behalf. However, if you are unable to provide adequate proof of insurance (insurance card or enrollment forms) at the time of your first appointment, payment for your visit is expected at the time of service. Once insurance eligibility and benefits are verified, we will allow you to pay your estimated portion of the treatment, and file a claim for the remaining balance. By law in Georgia, insurance carriers are allowed 15 days to respond to a claim, however as a courtesy to you, we allow 60 days for the claim to be paid. If your insurance carrier does not respond within 60 days, the balance will be transferred to patient responsibility. If left unpaid, there will be a 1.5% monthly interest charge applied monthly to any account balance exceeding 60 days, regardless of insurance status.

Our fees are usual and customary for this area. At times, situations arise in which your insurance carrier may deem your treatment a non-covered service, or pay less than the amount billed. Please remember that regardless of your insurance carrier's **arbitrary** determination of what charges should be, you are responsible for payment of any unpaid balance. Once the insurance payment is received, and any necessary adjustments are made (this applies to contractual agreements only), you will receive a final statement. Your final account balance is considered payable **IN FULL** unless other arrangements are made with our Financial Manager.

Missed Appointments

We understand that unexpected situations sometimes arise, however we do require a 24-hour cancellation notice for appointments. As we allot substantial time in our schedule for dental procedures, we appreciate proper notice of a need to cancel.

We hope the information above has been helpful to you. If you have any questions regarding the above topics or need any additional information, please do not hesitate to speak with one of our team members. We are always happy to help in any way that we can.

I have read the Financial Policy and I fully understand and consent to the terms of this agreement.

Signed: _____ Date: _____