

Ridgeview Family Dental
222 Headtown Road
Jonesborough, TN 37659
Office: 423.753.9191 Fax: 423.753.9644
www.ridgeviewfd.com

Financial Policy

We are committed to providing you with the best possible dental care. In order to provide that care, all estimated co-payments are due at the time services are rendered. If you have any questions concerning our fees and methods of payment, please do not hesitate to ask. In order to have a definite understanding regarding dental fees, we have listed our Financial Policies for you below:

Dental Insurance- *Our office staff understands dental insurance and will be glad to assist you in obtaining the maximum benefits specified in your contract.*

- A) Your dental benefit program is a contract between you, your employer and the insurance company. We are not a party to that contract. This office files your insurance as a courtesy to you.
- B) Our fees generally, but not necessarily, fall within the usual and customary fee structure, determined by your insurance carrier. The fee schedule that your dental insurance considers "usual and customary" is 18-24 months old. They pay fees in the lower 40-80 percentile of any fees submitted.
- C) Not all dental services are covered benefits in all contracts.
- D) You (not the insurance company) are responsible for payment of all fees for services rendered to you.
- E) For patients who have insurance, we reserve the right to request full payment of the estimated benefit that the insurance MIGHT be expected to pay, and any co-payment at the time care is initiated.
- F) As a courtesy when accepting direct assignment from the insurance company, we require 100% of your portion and deductible to be paid at the time services are rendered.

OTHER METHODS OF PAYMENT

- A) We accept check, cash or credit cards (Master Card, Visa, Discover and AmEx) for payment.
- B) Care Credit- 12 months zero interest finance plan. Credit approval required.

*Returned check policy: A \$35.00 charge will be applied to the account for each returned check.

Pre-Treatment Estimates (PTE) are provided to help you understand and prepare for your payment prior to treatment. These are only an estimate of insurance payments at the time of presentation. Insurance policies are subject to change. Treatment estimates are only valid for 4 months from presentation. I understand that all fees are the patient's sole responsibility regardless of insurance availability. In the event collection procedures are necessary, the patient/guardian will be held accountable for all collection costs (example: attorney fees, court costs, collection agency fees. Etc.)

I understand and agree with the financial policy of the office.

Signature

Date