



FINANCIAL POLICY

GENERAL

Thank you for choosing our practice 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. All patients must complete our **Information and Insurance Form** before seeing the doctor. **FULL PAYMENT IS DUE AT TIME OF SERVICE. WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, AMERICAN EXPRESS, and DISCOVER.**

REGARDING INSURANCE

Vonore Dental Practice participates in only two insurance plans: **BlueCross BlueShield Preferred, Delta Premier and TennCare**. If you have dental insurance, we are glad to assist you in obtaining maximum benefits from your dental insurance plan. To help us assist you, please have your insurance card available. Once your plan coverage is verified, we accept payment from your insurance company for the portion covered by your policy. Most plans cover only a part of the dental fee, which means your responsible for what your plan does not cover, and any deductible. Many plans have exclusions and limitations which will affect your out-of-pocket expense. **Please note that while we will bill your insurance as a courtesy, it is ultimately your responsibility to understand the provisions and limitations of your policy.** To find out what your out-of-pocket expenses will be, you can call the Customer Service Number on the back of your insurance card.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

MISSED APPOINTMENTS

We do ask for notice of change in plans at least 24 business hours in advance of your appointment. This gives us the chance to provide care to another patient who may be waiting for an earlier appointment. Please consider your schedule carefully when making appointments. ***NOTE: We reserve the right to refuse to schedule appointments if a pattern of missed appointments without proper notice develops. Three missed appointments without proper notice may result in your being removed from our active patient list.***

INTEREST

By signing this you agree to pay all charges and fees promptly by presentment of statement unless credit arrangements are agreed upon in writing within thirty days of billing date. A finance charge of 18% annually will be added to the balance form date of service. **If it becomes necessary for us to turn your account over to a collection agency, 50% of your account balance will be added to your account to cover collection fees and/or attorney fees plus any court costs incurred.**

CONSENT

(You will be asked to sign this financial policy electronically at our Front Desk, Thank you)