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## FINANCIAL POLICY

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*Thank you for choosing us as your provider for dental services. 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 the financial policies of H. Winslow Rogers III, DDS, MS, PA which we require you to read and sign prior to any initiating 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, PERSONAL CHECKS AND MASTERCARD/VISA, AMERICAN EXPRESS,  
DISCOVER

### **Regarding Insurance**

We require your bill to be paid at time of service. We do not accept insurance as payment. Once you bill is paid in full, we will help you file your insurance. We will tell the insurance company to pay you whatever you are entitled, according to your plan. The bill is your responsibility whether your insurance company pays or not. We cannot help you file your insurance unless you give us your insurance information and a copy of your insurance card. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and/or necessary under any insurance.

### **Usual and Customary Rates**

Our practice is committed to providing the best treatment for our patients and we feel our fees are fair for the level of care provided. You are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates.

### **Minor Patients**

The adult, parents or guardian accompanying a minor are responsible for full payment of services. For unaccompanied minors, non-emergency treatment will be denied unless a treatment plan as been signed by a parent or guardian, and the charges have been approved and payment by cash or check is made at the time of service.

### **Missed Appointments**

We understand that schedules sometimes change with short notice, but we would like the courtesy of 24 hours notice if you need to cancel an appointment. We reserve the right to charge \$50.00 to \$100.00 per hour for missed/broken appointments when 24 hours notice is not given. Please help us serve you better by keeping your scheduled appointments.

### **Interest**

We reserve the right to charge interest on any unpaid balances over 60 days in the amount of 18% as provided by state law.

### **Service Fee**

Any accounts that are not paid by the agreed upon date will incur a \$25.00 service fee. Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

*By signing below, I am indicating that I have read and understand the Financial Policy of H. Winslow Rogers, III, DDS, MS, PA and that I agree to abide by these policies as dental services are provided to me and any member of my family.*

Signature \_\_\_\_\_ Date \_\_\_\_\_