

CAROLINA AESTHETIC & RESTORATIVE DENTISTRY
1612 Lake Murray Blvd.
Columbia, South Carolina 29212
(803)407-6511

Insurance

We are only a provider for Delta Dental Premier dental plan. However, we do accept assignment of many dental plans. We do require the **estimated** co-payment portion of the bill to be paid at time of service. The balance is your responsibility whether your dental plan pays or not. We cannot bill your dental plan unless you give us your correct information. Your policy is a contract between you and your insurance company. We are not a party to that contract. If your dental plan has not paid your account in full within 45 days, the balance must be paid once you receive your statement. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under your dental plan. 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. Please be advised that if your treatment is not covered under your specific plan full payment is due at the time of service.

Adult/Minor Patients

Adult patients are responsible for full payment of their portion at the time of service. The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment of their portion at the time of service. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized.

Guarantee of Work

Dr. Fields guarantees restorative work for five years depending upon you maintaining your individual homecare needs. This is also contingent upon you keeping your recommended treatment and preventive care appointments. The non-compliance of the above will make this guarantee null and void.

Missed Appointments

We certainly understand that scheduling conflicts occur. **In order to prevent assessing a broken appointment fee of 25% with a minimum of \$50.00, we require a 48 hour business day's notice for cancellation.** Please note that Friday is not a business day for our office. This time is reserved exclusively for you and not shared with others. Please help us help you by keeping your reserved appointment time. **Please refer to our Appointment Cancellation Policy for more detail.**

Duplication of Radiographs

We reserve the right to assess a nominal fee for the duplication of each radiographic film. Our usual fee is \$25.00 per copy. Under certain circumstances we reserve the right to increase the fee. Upon request of duplication each individual will be notified of the duplication fee that will be assessed.

Interest

We reserve the right to charge interest in the amount of 1-1/2% (18%APR) as provided by state law.

I have read and understand this financial policy and agree to all terms stated above.

X _____ Date _____
Signature of Patient or Responsible party