

All Smiles Family Dentistry
132 Hillcrest Drive
Clarksville, TN 37043
(931) 553-6959 Office

FINANCIAL POLICIES

1. ***Responsible parties agree to pay for services rendered the day of treatment.*** Our methods of payment are: *Cash, Check, Credit Card, Money Order, and Care Credit* (with no interest...ask for details). **We are not set up for billing.**
2. Responsible parties with insurance coverage can either:
 - A. File insurance themselves and pay us directly the day services are rendered (as with above item). We will assist you with your paperwork.
 - B. We file your insurance. However, **you must have the following on the day of your appointment:**
 - *Insurance Card, a photo identification card, the policy holders' date of birth, social security number, and contact information.
 - ***The co-payment and deductible (when applicable) are due the day services are rendered.**
 - ****We file insurance as a courtesy to our patients. We do not file more than two insurance's. Please help us to continue this service. It is your responsibility to know and understand your insurance benefits. However, Dr. Meyer will recommend the needed treatment for our patients as we do not allow insurance companies to dictate your health care needs. You, the patient, are responsible for contacting your insurance provider about non-payment, delays in payment and reduced payment.***
3. There will be a \$45.00 service charge for returned checks.
4. There will be a \$35.00 missed appointment fee for a broken appointment or an appointment cancelled without a **48** hour notice. We do call to remind you of your appointment date and time. ***Please call us to confirm or cancel your appointments 48 hours prior to the appointment time.***
5. **If this account should be placed with an attorney for collection of any outstanding balance, the patient or responsible party agrees to pay reasonable attorney fees and all cost of collections fees of no less than 35%, such contingency fee to be added and collected by the collection agency immediately upon your default and our referral of your account to said collection agency.**
6. In order to obtain a copy of your records we will require:
 - A. A signed Record Release Form
 - B. 10 business days to process
 - C. A twenty dollar duplication fee

I, _____ have read and agreed to the following policies of this office.

PATIENT'S SIGNATURE _____ DATE _____