

BELLEVUE DENTAL CARE

JAMIE S.GROSS, D.M.D.

7041 Hwy. 70 S., Suite 106, Nashville, TN 37221 (615) 662-7878

FINANCIAL POLICIES

- _____ Payment is due in full at the time of service. We accept cash, personal checks, Visa, Discover, MasterCard and most debit cards.
There will be a \$35.00 charge for any returned check.
- As a courtesy, we will be glad to file your insurance claim for you. However, you will be responsible at the time of service for estimated or actual co-pays, previous balances, deductibles, and treatments not covered by your insurance carrier.
- As a service to our patients, we are pleased to offer financing through CareCredit, the nations leading patient payment program. With CareCredit you can finance 100% of your dental care with no up front costs, no annual fees, and no pre-payment penalties. So you begin your treatment today and conveniently pay with low, monthly payments.
- **Broken appointments are a burden, especially those without prior notification. We request a *minimum 24 hour notice* so that we can schedule other patients. We reserve the right to add a *service of \$75 for broken appointments with less than 24 hours notice*. This will be strictly enforced.**
- If your insurance company does not pay in full within 45 days, we ask that you remit the total balance due. All charges are your obligation regardless of whether your insurance company pays or not. Subsequent payments for previously paid services are credited to your account and /or refunded to you.
- Accounts with balances older than 30 days may incur additional fees.
- Insurance companies may arbitrarily select what services they will cover. When we verify benefits, your carrier will give us the general provisions of your coverage plan along with estimated benefit amounts. Actual claims may vary, so we will not know the exact dollar amount until the claim is actually paid.
- We will try to assist you in interpreting and understanding the terms of your dental insurance. However, these kinds of questions are often best answered by your carrier.
- **It is your responsibility to know your insurance benefits and limitations.**
- **Your portion for the cancer screening will be \$25 at your dental exam.**

CONSENT FOR COMPOSITE FILLINGS

- Part of our guarantee to you for the best possible care includes placing composite (tooth colored) restorations on teeth and not allowing insurance to dictate our level of care. Since most insurance companies downgrade these fillings to the least expensive cost to them (amalgam-silver), there will be a difference in the fees that the patient will be responsible for.
- These composite materials provide our patients with an esthetic filling which blends into their natural tooth color. As well as having cosmetic benefits, composites also have many other benefits. They contain no metals or mercury.

Patients Signature _____ Date _____