

R. TROUP DAVIS, DDS
5185 Castello Dr, Suite 1
Naples, FL 34103

Financial Policy

Thank you for choosing our office as your dental healthcare provider. We are committed to providing you with the highest quality lifetime dental care, so that you may attain optimum oral health. The following is a statement of our financial policy, which we require that you read, agree to, and sign prior to any treatment. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

- Full payment is due at the time of service
- We accept cash, checks, American Express®, VISA®, MasterCard®, Discover® and CareCredit®.
- We provide insurance company billing as a courtesy to our patients. The patient portion of particular dental service(s) is estimated and due at the time of service.

Insurance

We provide insurance company billing as a courtesy to our patients. The patient portion of particular dental service(s) is estimated and due at the time of service. This amount may be subject to adjustment when the dental service(s) claim(s) are adjudicated by the insurance company. In addition, certain insurance companies have annual limitation for the amount of dental services that can be reimbursed within each year. If you or your family exceed these annual limitations in any plan year, you will be responsible for the full amount of dental services that exceed the particular plan's limitations. The patient is responsible for monitoring the amount of his/her remaining benefits for any annual benefit period. The patient may not rely upon any information provided by our staff regarding his/her remaining benefit in any such benefit period.

The claims we submit to insurance companies indicate that you have assigned those benefits to our office. However, if you are paid by the insurance company you then become responsible for the total account balance and payment would be expected immediately. If you or your family has more than one dental insurance program, we will assist you in obtaining the maximum benefits available. You, as a patient, are always responsible for any charges that are not covered by your insurance.

Delinquent Payments

Accounts delinquent more than 45 days from the date of billing are subject to a 1.5% per month (18% annually) finance charge. In addition, you are responsible for any fees incurred for the purpose of collecting on delinquent accounts, including all legal and court fees.

Returned Checks

If any checks are returned due to insufficient funds, you will be responsible for a \$35 fee in addition to the original fee.

Missed Appointments

Our schedule is carefully designed to allow us to spend quality time with each patient. When an appointment is missed without proper notice, we miss the opportunity to provide care to another patient during that time.

If you must cancel an appointment, we require 24 hours notice. If an appointment is not cancelled or rescheduled 24 hours prior to the scheduled appointment time, a \$35 broken appointment fee may be charged.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

Print Name of Patient / Parent or Guardian (if minor)

Signature of Patient / Parent or Guardian (if minor)

Date