

Financial Policy

It is the policy of this office, after examination and diagnosis, to make an estimate of the dentistry to be performed. This will enable you as the patient to know exactly what work is planned and what your financial responsibility will be.

It is necessary to make financial arrangements before any major dentistry is started. There are several possible methods of payment.

Extended payment plan
Please ask our financial assistant for information

- 1-() **Current Account:** Payment in full at the time of treatment (if no insurance)
2-() **Open Billing:** Balance after Insurance billed to my credit card

If my account goes over 90 days.

I authorize Dr. Shawn G. Scott to keep my signature on file and charge my :

	Exp. date	signature code
Visa # _____	_____	(____)
Master Card # _____	_____	(____)
Discover # _____	_____	(____)
American Express _____	_____	(____)

Signature _____ date _____

If you do not have a card or wish not to leave it we will still file your insurance; however, you will be ask you to pay at time of service OR leave a card on file.

Even though an insurance claim is filed, you will receive a statement each month. This office cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. You as the policy holder are responsible for payment.

I further understand that a finance charge of 1.5% will be calculated on any unpaid balance after 90 days. In the event my account is collected through an attorney at law, the undersigned shall be responsible for all attorney's fees and court cost. Also a 15% fee will be added to the balance if account goes to collection.

Signature _____ date _____