

# BAYSIDE DENTAL CARE

AMZI R. SHERLING, D.D.S., MAGD



## FINANCIAL AGREEMENT & TERMS

Welcome to our office. We are honored that you have chosen us as your dental healthcare provider. We will do the best we can to make your appointment a convenient and pleasant experience. We are committed to providing you with the best possible care.

1. Your balance is due at the time services are rendered less your estimated insurance unless other payment arrangements have been approved, in advance, by our staff.
2. I understand that if I have no dental insurance coverage, I am responsible for the payment for services provided for myself and/or my dependents.
3. We accept payment for services in cash, check, MasterCard, Visa, American Express, Discover, Wells Fargo and Care Credit. (Please Initial) \_\_\_\_\_
4. For extensive treatment, we offer an accounting courtesy for treatment paid in full prior to the service with cash or check. We will always clarify financial arrangements prior to treatment.
5. As a courtesy to our patients, we have extended financing available through Wells Fargo and Care Credit. This is a resource available to you if you need it. Please ask your treatment coordinator if this resource may be something you are interested in.
6. Fees quoted expire after 6 months. In the event that clinical conditions warrant a different treatment, you will be notified of changes in fees prior to proceeding with the procedure.
7. Balances older than 90 days will be subject to interest charges of 1.5% per month, or 18% annually.
8. A \$30.00 NSF fee will be charged for all returned checks. In the event that payment is not made for services after a reasonable period of time, our attorney will be advised and formal action to collect will be initiated. You will be responsible for any attorney's fees and/or collection charges incurred.
9. Broken appointments and appointments cancelled with less than 24 hours in advance notice will be subject to a broken appointment or last minute cancellation fee. This is to help accommodate other patients as well as our team in making sure we manage our time efficiently.
10. **A 10% deposit is required for any appointment scheduled lasting 1½ hours or longer. If having sedation for treatment, payment for sedation is due when the appointment is made.**

### Patients with Insurance

1. I understand that as a courtesy to me and upon my authorization, Bayside Dental Care will submit a claim to my dental insurance upon completion of treatment. I authorize payment(s) to go directly to Dr. Amzi Sherling.
2. Bayside Dental Care is a **Preferred Provider** (in network) of Blue Cross Blue Shield of Alabama. Although Dr. Amzi Sherling is considered an out of network provider to other private insurance companies, Bayside Dental Care is willing to file your claim if benefits are available.
3. I understand that Bayside Dental Care does not file to Medicare or Medicaid.
4. I understand that since certain Delta Dental insurance reimburses the patient and not the provider, payment may be due in full at time of appointment.
5. Patient portion for treatment is an estimate only based on information given from your insurance company. **Upon final settlement of the insurance claim, any and all amounts of non-covered or denied services will be billed directly to you by Bayside Dental Care.** You are responsible for contacting your insurance company regarding any disputes/discrepancies in payment.

Thank you for reviewing our financial policy. We encourage you to ask questions if there is a policy or procedure you are not certain about. We appreciate the opportunity to serve you and we take that responsibility very serious. The best Patient-Doctor relationships are maintained when there is a complete understanding to the treatment rendered and the fee for that treatment. If you have any questions, please ask us. I have read, understand and agree to abide by this policy. I have been given opportunity to receive a copy of this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_