

J. Matthew Randall, D.M.D.
Insurance Information Release Form

Patient Financial Policy and Agreement

Full Payment is Due at the Time of Service

Our dental practice accepts cash, Visa, MasterCard, Discover Card, American Express, and Care Credit. Care Credit is an interest-free financing option for our patients. If you would like to apply for Care Credit financing, please consult our front office staff.

For Patients with Insurance

As a courtesy to our patients with insurance, we will file your dental and/or medical claims for services rendered. Patients are responsible for paying any deductible and/or co-payment at the time of service.

Our office staff makes every effort to be as accurate as possible when calculating these amounts; however, your insurance plan may not cover as much as we estimate. Any amount not paid by your insurance provider is your responsibility.

We will be happy to file a pre-determination to your insurance provider(s) so we can obtain a more accurate estimate of what your insurance provider(s) will cover. Please keep in mind that the pre-determination is not a guarantee of what your insurance provider(s) will pay.

Once we receive payment from your insurance provider(s), you will be required to pay the balance upon receipt of your statement. The balance due for services provided is the patient's responsibility, even if your insurance provider(s) do not pay anything. If you have overpaid your portion, you will receive a refund for the amount of the overpayment. Refund checks are processed monthly and mailed to the patient, so please make sure you have provided us with your current mailing address.

Attention Delta Dental Subscribers:

There are several Delta Dental insurance carriers that mail insurance payments directly to you for the services provided by Dr. Randall. These check payments should be endorsed and forwarded immediately to our office (along with the Explanation of Benefits) unless you have paid full fees at the time of service.

Delinquent Accounts

We reserve and will exercise the right to report any past due account to a collection agency. I agree to be responsible for all collection costs, including but not limited to, a delinquent billing fee of \$25, attorney costs, and collection court costs.

Appointment Cancellations and Missed Appointments

Appointments are valuable blocks of time and when an appointment is broken or cancelled with short notice, we are often prevented from filling that time and helping other patients. Please give at least 24 hours notice when you will not be able to make your scheduled appointment. This will allow our office time to administer to other patients and helps to keep our fees down. There will be a charge for all consultation and surgery appointments broken or cancelled with less than the required 24-hour notice. (This does not apply to post-op, follow-up or emergency appointments.) If you have a history of breaking appointments without giving us at least a 24-hour notice, we may ask you for your credit card number so that in the event of another broken appointment, we can charge your credit card a \$75 broken appointment fee. Additionally, if you are more than 15 minutes late for an appointment, we may have to reschedule your appointment.

- _____ I authorize release of any information relating to my claim.
- _____ I authorize payment directly to A Family Dental Care.
- _____ I understand that all fees not paid by insurance are my responsibility.

By signing below, I certify that I have read, understand, and agree to this financial policy.

Patient Signature _____

Today's Date _____