

BEAUFORT CENTER FOR DENTISTRY

1264 Ribaut Road, Ste. 401, Beaufort, SC 29902

(843) 524-7950

At Beaufort Center for Dentistry, we provide each patient with the best possible dental care. We understand that everyone's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the quality care needed to enjoy a healthy and confident smile.

Financial Policy

PAYMENT IN FULL

Full payment is required at the time of service from all patients that do not have insurance coverage.

DENTAL INSURANCE

We are happy to file the forms necessary to see that you receive the full benefits of your coverage. We cannot guarantee any estimated coverage. By signing this form, you understand and acknowledge the following as it relates to your insurance:

- I authorize my insurance company to pay to the dentist or dental group all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.
- I authorize the dentist to release all information necessary to secure payment of benefits. I understand that I am financially responsible for all charges whether paid by insurance. Payment and/or insurance copays are due at the time of treatment unless prior arrangement have been made.

Because the insurance policy is an agreement between you and the insurance company, we ask that patients be directly responsible for all charges. If for any reason your insurance company has not paid their portion within 60 days from the start of treatment, you are responsible for payment at that time.

PAYMENT OPTIONS

- **CASH OR CHECK:** Checks returned for insufficient funds will be subject to a \$35.00 service fee to cover bank fees incurred as a result.
- **CREDIT CARDS:** For your convenience, we accept payment by all major credit cards.
- **PAYMENT PLANS:** To make our services accessible to as many patients as possible, we accept third-party payment plans through CareCredit. These plans are like a credit card that is just for health and dental expenses, and patients can divide the cost of their care into equal monthly payments and pay very little to no interest.

PAST DUE BALANCES

A past due balance is any amount owed from a prior visit where insurance is not pending, or an insurance payment has not been received within 60 days. Any delinquent accounts are required to be paid in full before incurring any new charges. All future charges will need to be paid at the time services are rendered. Severely delinquent accounts will be assigned to a collection agency and a charge of 35% of the outstanding balance will be assessed to your account to cover the collection fees.

You have the right to a paper copy of this notice. You may ask us to give you a paper copy of the Notice at any time (even if you have agreed to receive the Notice electronically).

Patient or Guardian Printed Name

Date

Patient or Guardian Signature

Relationship to Patient