Pediatric Dentistry of Owensboro, PLC
Jay Crews, D.M.D.

Financial Policy

This statement is to inform you of our financial policy. We are committed to providing you with the highest quality dental care in a state of the art facility. We are also committed to providing you with current information and educational tools so that you may fully participate in maintaining optimum oral health. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage.
We must emphasize that as your dental care provider, our relationship is with you, our patient, and not with your insurance carrier. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract. If payment from your insurance company is not received within 60 days from the date of service, you will be expected to pay the balance in full. If your insurance pays us after the 60 day time frame, you will be reimbursed.

As a courtesy to you, we will help you process all your insurance claims, regardless of whether our office is a provider for your insurance company. You may direct you insurance company to pay your benefits directly to our office by signing the authorization on the Assignment of Benefits Agreement. In order for our office to file your insurance claim, you must bring to us a current copy of your insurance card to be kept on file and a dental insurance form if necessary. If the information given to us is incorrect-We will close the filed claim and bill you.
*We do NOT file medical insurance. If you feel your medical insurance should pay for something, we will provide you with a claim form. However, your balance with our office is still due the day of service.

Payment in full is due at the time service is provided. Our office accepts cash, personal check, Visa, MasterCard and CareCredit.

Returned checks and balances over 60 days may be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually) with a $1.00 minimum monthly charge. Any returned check will be assessed a $25.00 charge. Since your bank must, by law, inform you of a dishonored check, we will expect you to contact us to make arrangements for settling the full amount of the check plus $25.00 within seven (7) days. Late payment charges may be assessed if the matter is not settled by that time. Additionally, our office will charge you a $25.00 fee for broken appointments cancelled without 24-hours advance notice.

If you have any questions regarding our financial policy, please ask. We are committed to providing you with the most positive experience in dental care.

I have read and fully understand the above financial policy and accept all provisions.

Print Name

Signature Date

Witness