

East Memphis
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Memphis, Tennessee 38117
(901) 761-5232



Collierville
2059 Houston Levee, Suite 126
Germantown, Tennessee 38139
901-853-9800

Payment Policy:

Payment for services will be due at the time of service unless prior arrangements have been made. Any balance that remains over 60 days will be subject to a finance charge. Any outside collection costs incurred, including reasonable attorney fees, will be the patient's responsibility. Our practice coordinator will be happy to discuss forms of payments accepted and financial arrangement options.

Dental Insurance:

Dental insurance is one of the most beneficial and most misunderstood factors in dental treatment today. This explanation will attempt to clear up many common misconceptions about dental insurance.

Dental insurance is a contract between the employer and the patient. It has *no connection* to the provider of dental treatment. The extent of coverage varies from company to company, and sometimes within a company. It has absolutely nothing to do with the level of service provided by the dentist and the fee charged for these services.

An often-misunderstood term used by many insurance companies is "UCR". This is an arbitrary fee ceiling at which the insurance company will stop reimbursement. After this ceiling, coverage for a particular procedure will cease. Again, this has nothing to do with the fee charged, but with the level of coverage negotiated by your employer.

We will make every effort possible to assist you with your particular insurance coverage. We will provide an estimate that will show expected insurance reimbursement and patient share for every procedure. The patient share will be due at the time of treatment *unless prior arrangements* have been made. Should our estimate of patient share be too high, a refund will be made at the time of payment from the insurance company. Likewise, if the estimate is too low, the remainder will be due at that time. Should no insurance payment be made within 90 days on a submitted claim, the fee will become the sole responsibility of the patient.

Cancellation Policy:

It is very important that you keep your scheduled appointments, since we reserve that time for you only. However, if you find it necessary to cancel or reschedule an appointment, we ask that you contact our office at least 24 hours in advance so that another patient may use that time. *If a pattern of repeated broken appointments develop, we will no longer be able to reserve time for you and a broken appointment fee of \$30.00 per hour will be charged to your account.*

I grant permission to Audubon Dental Group to release any information to my attorney or insurance company, or any other insurance company in the interest of the claims.

Payment is due at the time of treatment. I agree to pay all attorney fees, court costs, and all other collection costs should my account become past due. I unreservedly agree to the placing of my account in the hands of a third party in the event the account is past due. I agree to pay a 1½% monthly interest fee on any unpaid portion of my account.

Signature of Patient or Parent _____ Date _____