

OUR FINANCIAL POLICY

Steven J. Pierce, D.D.S., P.A.
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We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your responsibility.

-All patients must complete our Health History form before seeing the doctor.

-YOU ARE RESPONSIBLE FOR PAYMENT IN FULL AT THE TIME OF SERVICE.

-WE ACCEPT CASH, CHECKS, VISA, MASTERCARD AND DISCOVER. WE ALSO OFFER NO INTEREST FINANCING PAYMENT PLANS THROUGH CARE CREDIT FOR QUALIFIED APPLICANTS.

ADULT PATIENTS

Adult patients are responsible for full payment at time of service.**

MINORS ACCOMPANIED BY AN ADULT

The parents or guardians are responsible for full payment at time of service.**

REGARDING INSURANCE

**If you have insurance coverage, payment of your out-of-pocket percentage of charges will be required at time of services and we will file an insurance claim for you.

We will submit claim forms for payment by your insurance company to the extent of your coverage. We file insurance as a courtesy to our patients; however, **your policy** is a contract between you and your insurance company. We are not a party to this contract.

We will not become involved in disputes between you and your insurance company regarding deductibles, covered charges, secondary insurance, etc., other than to supply factual information as necessary. **YOU ARE ULTIMATELY RESPONSIBLE FOR TIMELY PAYMENT OF YOUR ACCOUNT!**

Please remember, we will be happy to answer questions you have about our financial policy.

Signature

Date