

McMurphy Family Dentistry

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Financial and Appointment Policy

As in the past, and as a courtesy to you, we will continue to file insurance claims.

Our office adheres to the following payment and appointment policies:

- In order to keep billing to a minimum, we ask that **payment for services be made at the same time services are rendered** unless previous financial arrangements have been made. These arrangements must be made with the **Financial Coordinator ONLY**.
- Patients that have insurance will be required to pay their **DEDUCTIBLE** and **ESTIMATED PORTION** of the fee at the time the services are rendered. You will also be responsible for any balance after the insurance has paid the claim.
- While the filing of insurance claims is a courtesy that we extend to our patients, **WE MUST EMPHASIZE** that, as dental care providers, our relationship is with the patient not the insurance company. If we do not receive payment from your insurance company within forty-five (45) days, **payment becomes your responsibility**.
- **We do not accept checks.**
- We accept **Cash, MasterCard, Visa, Discover, American Express and Care Credit**.
- We have made arrangements with a finance company (Care Credit) to provide a six-month interest free **PAYMENT PLAN**. There are no application fees or down payment required. Applications are available from our front office staff and provided quickly.
- You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% for the debt. You are responsible for all costs and expenses, including reasonable attorney's fees, incurred in such collection efforts.
- **APPOINTMENTS-** Appointment times are reserved for each patient. We make every effort to **CONFIRM** appointments the day before, therefore, it is the patient's responsibility to make sure we have current and valid contact information. **If we do not have current, valid contact information, we reserve the right to CANCEL the appointment.**
- **WE REQUIRE TWENTY-FOUR (24) HOURS NOTICE IN THE EVENT OF A CANCELLATION.** Failure to notify us of your inability to keep your appointment results in a "No Show" status and a charge of \$25. Patients are not allowed to reserve an appointment without prepaying once they are "No Show".
- An appointment deposit may be required to reserve your appointment time.

Date: _____

Printed patient name: _____

Signature: _____