



## **Financial Policy**

### **Rocky Point Family Dentistry**

7864 US Hwy 117, Suite A

Rocky Point, NC 28457

910-210-2058

Thank you for choosing Rocky Point Family Dentistry. We're excited to have you join our patient family! We believe in the importance of quality dental care and will strive to provide the best dental treatment possible. We also understand the financial limitations that influence your choice of care and want to assure you of our flexible approach by offering several payment options.

**\*WE ACCEPT CASH, CHECK, VISA, MASTERCARD AND CARECREDIT\***

### **Terms and Conditions**

**Payment terms:** Dr. Austin Davis requires payment in full prior to the beginning of your treatment. Once a customized treatment plan has been formulated for your dental needs, Dr. Davis or a staff member will discuss payment options.

### **FOR OUR PATIENTS WITH DENTAL INSURANCE:**

We will be happy to work with you and your insurance carrier to maximize your benefits. Payment of your insurance co-payment and/or co-insurance is expected at the time of your visit. If you choose to assign your insurance benefit directly to us, we will then bill your carrier for the balance of your payment. If payment is not received from your insurance carrier within 60 days, the balance owed becomes your responsibility. Some insurance companies send payments directly to patients instead of to the dental office. It is your responsibility to endorse and submit these checks over to Rocky Point Family Dentistry within 10 days of receipt.

**Returned Check Fee:** A fee of \$25.00 is charged for a returned check.

**Acknowledgment:** I have read and understand the terms of the above Financial Policy. Patient Signature (**Parent/Guardian**) \_\_\_\_\_

Print Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_