

# Reilly Dental, PC

## Payment Policy

Our office strives to offer the highest quality of care. Never will your treatment be contingent on your insurance coverage. 'Insurance is a method of payment, not a method of treatment.' However, as a courtesy to you, we are pleased to submit your claim to your insurance company.

Considerable care has been taken in determining our fees. We want to assure you that our charges accurately reflect the complexity of care rendered as well as the skill and expertise required for your care and that our fees are comparable to those of other general dentists in this area as they are checked annually.

All account balances must be satisfied within 60 days of the date of service. After that time the balance due will be charged to the credit card of your choice. For your convenience, we are pleased to accept Visa, MasterCard, Discover and American Express.

I, \_\_\_\_\_, authorize Drs Tom and/or Susan Reilly (DBA Reilly Dental PC) to charge my credit card for any and all outstanding balances that are over 60 days old. My credit card number is \_\_\_\_\_ and the expiration date is \_\_\_\_/\_\_\_\_.

Reilly Dental will mail me a receipt of said charges on the date the charge was made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I understand and agree that I am financially responsible for the payment of all charges incurred regardless of any insurance coverage or other plans available to me. Additionally, I understand and agree to pay for all **collection costs and or attorney's fees** if any delinquent balance is placed with an agency or attorney for collection, suit or other legal action.

Our agreement is with YOU and NOT your insurance company. You and perhaps your employer have chosen your insurance coverage. Although we will assist you in submitting your claim to your carrier, ultimately you are financially responsible for the services you receive. You are responsible for knowing your coverage benefits and eligibility. Payment to our office is not contingent, nor dependent upon your insurance company.

**Returned check fees:** Please, note that you are responsible for NSF/Stop payment fees and that Reilly Dental will charge \$30.00 for all returned checks

**Broken Appointments:** We require a **24 hours** notice to cancel an appointment. This allows patients with an emergency the opportunity to be scheduled into that time. **THERE IS A \$75 BROKEN APPOINTMENT FEE** if you fail to cancel your appointment without a 24 hour notice.

If you have any questions about our policies, please, feel free to discuss them with our financial coordinator. Any questions about your insurance should be directed to your insurance company.

I have read and understand my financial responsibilities under this policy.

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date