



Financial Policy

Biltmore Commons Dental Care is a fee-for-service practice. The practice depends upon reimbursement from their patients for the costs incurred in their care at the time that services are performed. We are committed to support you in understanding your dental health so that you will always be able to make the best choices. We will, as a part of our great service, process your insurance benefits in our office, which will relieve you of this time consuming and sometimes complicated task. In our continued commitment to provide the highest quality dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer financing with Care Credit and Sunbit Financing.

Initial

_____ I agree that I am fully responsible for the total payment of all procedures performed in this office. This includes any treatment that is not a benefit of any dental insurance that I may have. I understand that all services are due to be paid in full within sixty (60) days of the date of service, regardless of whether or not my insurance benefits have been received. One and one-half percent (1.5%) per month interest (18% per year) will be charged on accounts 60 days from treatment date.

_____ I understand that my insurance will help pay part of my treatment and that any estimates quoted to me are only estimates. I realize that I am ultimately responsible to understand my benefits. Though we at Biltmore Commons try to be aware of what coverage each plan offers, some plans do have restrictions. I understand that my insurance company may have restrictions on treatment and that I am responsible to know my benefits. Please ask us if you have any questions.

_____ All accounts that reach 60 days late are subject to a \$50.00 late fee. I further agree to pay all finance charges, collection costs, attorney's fees, and any other costs that may be incurred to enforce collection of any amount outstanding.

Cancelled or Missed Appointments

_____ We understand that sometimes appointments need to be cancelled and rescheduled. However, to respect the time of our staff and patients waiting for appointments, we ask to please let us know 24 hours in advance of any appointment changes. Any appointments that are missed or cancelled with less than 24 hours' notice, may be subject to a \$75 fee charged for each hour of your scheduled appointment. Any missed or late cancellation appointment fees must be paid in full prior to scheduling other appointments. **Please understand that this time and staff members are reserved just for you.** Thank you in advance for understanding how important this is.

Consent for Communication

_____ In an effort to improve communication, Biltmore Commons will use phone, email, text, and online portals for patients to communicate, to schedule appointments, pay bills, and send information regarding insurance or billing matters. You may opt out by communicating with use which methods you prefer.

By initialing and signing this consent, I understand the above information and agree with its contents.

Signature (Responsible Party)

Printed Name

Date