



Family Preventive Dental Care, P.A.

Infants through Adults

GEOFFREY W. WAGNER, M.Ed., D.D.S.

PAYMENT POLICY

Patient Name _____

For Cash Patients:

Payment is expected at the time of service.

For Insurance Holders:

We will process only those insurances that are handled by our e-claim clearinghouse. However, you will be responsible for your yearly deductible, 20% for basic restorative fees, and/or the difference between your insurance payment and our charges.

Deductibles and 20% co-insurance will be payable at the time of service.

Insurance companies not accepted by our e-claim clearinghouse will be treated as Cash and you will be expected to pay at the time of service (please see above). A statement will be given to you, at the time of service, to mail to your insurance company for your reimbursement.

Remaining balances are due upon receipt of original statement and payable within 30 days.

Past Due Accounts

An 18% finance charge (1.5% monthly) will be added to your account if not paid by the second statement.

If still unpaid by the third statement, your account will be turned over to our collection agency and you will be responsible for any additional finance charges, collection costs, and/or attorney fees, if applicable.

Collection costs are as follows:

35% + 1.5% finance charge for accounts less than one year old.

50% + 1.5% finance charge for accounts over one year old.

50% + 1.5% finance charge for accounts when mail is returned undelivered.

Please sign below to acknowledge your understanding of the above statements.

Patient/Guardian Signature _____ **Date** _____