

Parsons Dental Care

WOMMACK | EBERSOLE

1701 WASHINGTON AVENUE • PARSONS, KS 67357
PHONE (620)421-0980 • FAX (620) 421-1441 • www.parsonsdentalcare.com

Patient Financial Policy

This office has contracts with certain dental insurance plans. Please check with our business office staff to determine whether your plan is one of these.

You are expected to present your insurance card at each visit. In most cases, we will file a claim with your insurance company. All copays, deductibles, coinsurance percentages or fees for non-covered services are required at the time of service. Any past due balances are also due and payable at the time of service.

Payment is required at the time of service for all SELF-PAY ACCOUNTS. Self-pay accounts include:

- 1) Patients without an insurance card on file; or
- 2) Patients who are covered by insurance companies with which Parsons Dental Care does not participate.

If at any time you are concerned about the fee of a proposed procedure, you may ask for assistance from clinical personnel or business office staff who will be happy to discuss the cost with you.

For your convenience this office accepts Master Card, Visa, Discover, Care Credit and bank debit cards as well as cash and checks. All remaining balances must be paid in full when billed. It is the policy of the practice not to accept checks marked "Paid in Full", as statements do not reflect charges pending with insurance companies.

Please note that even if a procedure is necessary and "covered" by a given insurance, there may be deductibles or coinsurance amounts that are your responsibility and required at the time of service. The majority of insurance companies do not pay the full amount of the bill.

The practice cannot carry balances longer than 90 days. Patients will be informed of accounts that are delinquent so they can avoid collections. If you do not pay your account balance in full, when due, you may be sent to the credit bureau for collection. All collection fees, interest and court costs will be added to your balance due.

Patients who have a credit balance due to overpayment will be offered a refund or the option to leave credit on account for future treatment. A refund check will be issued as long as there are no outstanding insurance claims on your account and there are no outstanding patient balances on your account.

There will be a \$25.00 charge for all returned checks.

It is our hope that the above financial policy will serve as notification to you, our patient, of your responsibilities in order for us to provide you the best quality of care. **If you have any questions or need clarification of any of the above policies, please do not hesitate to contact our business office at (620)421-0980 or speak to a staff member.**

I certify that I have read the financial policy of Parsons Dental Care and agree to abide by the policy.

Signature: _____

Date: _____

Print: _____