PARSONS
DENTALCARE
DR. JUSTIN EBERSOLE

Patient Financial Policy and Insurance Authorization

This office has contracts with certain dental insurance plans. Please check with our reception 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.

I authorize Parsons Dental Care to release my dental records, including diagnostic material, treatment plans, and other necessary information to insurance providers, healthcare professionals, and third-party payors for the purposes of treatment, payment, or healthcare operations.

I further authorize Parsons Dental Care to submit insurance claims on my behalf for services rendered, as well as any necessary pre-authorizations. I understand that this authorization serves as a "signature on file" for claim submission purposes. I assign insurance benefits directly to the practice, provided such assignment is accepted. I acknowledge that I am ultimately responsible for any payment not covered by my insurance provider.

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 cost of a procedure proposed by the provider, you may ask for someone from the business office who will be happy to discuss the cost with you.

For your convenience this office accepts Master Card, Visa, Discover and bank debit cards as well as cash and checks.
All balances must be paid in full when billed.

Please note that even if a procedure is medically 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.

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 and court costs will be added to your balance due.

A $50 cancellation fee will be applied to all missed or cancelled appointments without 24hrs notice.
All collection fees, attorney fees or court cost will be added to your balance.

If a patient is due a refund, the practice will issue a check if there are no outstanding insurance claims on your account; or outstanding patient balances on your account.

It is our hope that the above financial policy will serve as notification to you, our patient, of your responsibilities 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 _____