

James J Yount, DDS Inc
Financial Policy

James J Yount DDS INC offers the following options for the payment of your necessary dental treatment:

1. We accept cash, check, Master Card, Visa, Discover, & money orders for your convenience.
 - a. Patient charges of \$300 or more paid with cash/check will receive a 5% bookkeeping courtesy.
 - b. All checks returned unpaid will result in a return check fee of \$30.00.
2. There is no in-office financing available, however we do offer outsourced interest free financing and extended payment plans.

All office visits are subject to an office fee due at the time of service unless prior arrangements have been made.

James J Yount DDS Inc accepts most traditional dental insurance plans. If you have dental insurance, we will attempt to verify your dental coverage. Your estimated portion is due at the time of service. We will submit your insurance claim at no charge to you. Since each plan varies considerably, we cannot always accurately estimate what your insurance will cover. We allow insurance the required 30 days to pay on all claims. Any remaining balance on your account is your responsibility. Past due balances are subject to 15% APR and late payment fees.

You and your dental insurance company have a legal agreement and our office is not involved in this agreement. The amount of coverage you have depends on the contract your employer has with the insurance company. If you have dental insurance, make yourself knowledgeable about it making sure that your benefits officers tell you and your co-workers exactly what is covered and what is not. It is unusual for all of any dental charges to be paid by insurance. You are our patient and we treat you, not your dental insurance company. Our agreement is with you.

We do not accept any DMOs, HMOs, or discount dental plans that will not allow you to choose your dentist or insurance that requires you to see only a dentist on their provider list. We strongly feel that we can not deliver the type of dental care at the level we want to our family of patients with discount plans.

We require a 20% bookkeeping charge of requested reimbursement for prepaid treatment of which you choose not to complete.

We request 24 hour notice for rescheduling appointments. All missed appointments without notice may sustain a \$25 charge. Habitual late cancellations may result in prepayment prior to scheduling appointments.

In the event of non-payment, the responsible party shall bear the cost of collection, court costs and reasonable legal fees should this be required.

Please remember, our patients with lowest dental expenses over time are the ones who complete comprehensive treatment as necessary and follow up with good home care and on-time routine dental checkups.

I have read this form and understand and agree to all of the above applicable responsibilities and policies. I authorize my insurance benefits to be paid directly to James J Yount DDS Inc. I also authorize the release of any information necessary to process my insurance claims and collect payment on my behalf.

Patient or Guardian Signature: _____ Date: _____