

## **FINANCIAL POLICY DR. PHIL ETHEREDGE**

We believe good dental health starts with clearly understanding your treatment needs, as well as your financial responsibility before treatment begins. For this reason, we have worked hard to provide a financial policy which will help you receive the care you need to enjoy good dental health, and will also respect your individual financial situation.

### **Insured Patients**

We are happy to file the necessary forms to see that you receive the full benefits of your coverage; however, we make no guarantee of any estimated coverage. Any portion of your treatment not covered by insurance is due at the time of service.

### **Uninsured Patients**

Payment for dental treatment is due in full at the time of the service.

### **Dental Lab Services**

For treatment that requires dental laboratory services, a minimum down payment is required at the initial appointment. Our Financial Coordinator will discuss this with you prior to treatment.

### **Payment Options:**

#### **Cash or Check**

The estimated portion of the treatment not covered by insurance is due at the time of service for all insured patients. We offer our uninsured patients a 5% cash courtesy for payment in full at the time of treatment. We also offer an additional 5% senior courtesy for all patients 65 years old and older.

#### **VISA and Mastercard**

We gladly accept VISA or Mastercard.

*I have read and understand the above financial policy. Regardless of insurance coverage, I am responsible for payment of all dental fees for myself and/or my dependents. I authorize Dr. Etheredge to furnish information to insurance carriers concerning my treatment or that of my dependents. I hereby assign to the dentist all payment for dental services rendered.*

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_