

Evans Family Dental Associates

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OUR FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to the best treatment possible. Please understand that payment of your account is considered part of your treatment. The following is a statement of our Financial Policy, which we require that you read and sign prior to any dental treatment.

REGARDING INSURANCE

We accept assignment of insurance benefits after verification of your dental plan. We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. The balance is your responsibility whether your insurance company pays or not. Our office files your insurance as a courtesy. Ultimately it is your responsibility to follow up with it. Regarding insurance plans where we are a participating provider, all co-pays and deductibles are due on the date of service. We make every effort possible to attain payment from your insurance provider; however, any balance remaining after insurance is the patients responsibility. Outstanding balances should be paid in full within 60 days of 2 billing cycles unless other arrangements have been made. If your account is turned over for collection, you will additionally be responsible for any and all collection fees.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best dental treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

ADULT PATIENTS

Adult patients are responsible for their deductibles and co-payments at the time of service.

MINOR PATIENTS

The adult accompanying a minor is responsible for deductible and co-payment at time of service. Please do not leave your child here alone, when coming in for dental services. We ask that parents remain in our reception area during treatment.

MISSED APPOINTMENTS

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal visit. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. I have read the Financial Policy; I understand and agree to the Financial Policy.

Patient or Responsible Party

DATE _____

Co-Responsible Party

DATE _____