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## **Office Policy and Financial Information**

*The following are our conditions of registration as well as our policies with respect to the billing and collections of your account. By signing below, you are Agreeing to be Bound by these Terms.*

**BASIC POLICY**-Payment is due in full at the time service is provided in our office.

**PATIENTS WITH INSURANCE**- all co-payments and deductibles are due at the time of service. We will file your claims as a courtesy. We ask that all balances are paid in full within 60 days of filing your claim. Our office strives to obtain the maximum possible coverage, however, the patient is ultimately responsible to determine the extent of coverage allowed by their insurance company.

If a **PREAUTHORIZATION** is requested, one will be sent on your behalf. Please understand that a pre-determination is not a guarantee of payment. Once the claim is received and reviewed, if determined by your insurance company that the procedure is **NOT covered(or viewed as cosmetic)**, you will be financially responsible to Topsail Dental, for the services rendered.

**NONCOVERED SERVICES**- any services not paid for by your insurance will require payment in full at the time services are provided or immediately upon notice of insurance denial.

**RETURNED CHECKS** -There will be a fee of \$30.00 charged by this office for each check returned to us by your bank for insufficient funds.

**MISSED APPOINTMENTS**-In fairness to other patients and the practice, we require at least 48 hours notice to cancel an appointment. We reserve the right to charge \$50 for each appointment missed or not canceled with 48 hours notice. If two occur without 48 business hours, our office reserves the right to not schedule any subsequent visits or have the right to request payment in full for the patient's future visit in order to reserve an appointment.

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

