Randolph Dental
ASSOCIATES, LLC

Financial Policy

We are happy to answer any questions regarding Dental Insurance and our Financial Policy.

Our Financial Policy requires payment at the time of service for your visit.

If you have Dental Insurance, it is the patient's responsibility to provide our office with the following information:

- Dental Insurance card, name of person responsible for account, date of birth, relationship to patient, Social Security number, address, home phone, employer name, business address, Dental Insurance company name, Dental Insurance phone, Contract #, and Group #. This information is requested on the Welcome form, which we ask you to complete during your first visit in our office and update yearly or as information changes.
- Pay your deductible or co-pay at the time of service.
- Pay for any services not covered by your Dental Insurance.

To assist with your payment, our office accepts the following:

- Cash
- Visa, MasterCard, American Express, Discover
- Personal check, with proper identification
- CareCredit

Insurance claims are filed as a courtesy at no charge to you.

We try to calculate your insurance coverage before treatment begins. Please note, Dental Insurance is not designed to pay all of the cost of treatment but rather to be a partial aid. We try our best to provide you with your estimated portion of the fees at the time of your appointment, and this amount is due at the completion of that appointment. Please remember that this is an estimate of your portion of the fees and this amount may differ slightly from the actual payment that the insurance company pays our office. If the insurance payment varies from this estimated amount, an adjustment will be made to either credit or debit your account.

If a bill is unpaid, a collection agency may be chosen to manage delinquent accounts. If your account is placed with a collection agency, you will be responsible for all costs of collection.

Cancellation Policy

Our office requires a 24-hour cancellation notice for scheduled appointments. A $50 fee may be applied to your account for missed appointments without proper notification.

I have read and agree to my financial responsibilities as stated in this Financial Policy.

_____ _____

Patient/Guardian Signature Date