

# Financial Policy

Linda P. Swain, DDS, P.A.

We are pleased that you have chosen us to provide health care for you/your child. In order to avoid any misunderstanding, we ask that you carefully read and sign this financial statement.

1. All new and emergency patients are expected to pay in full: at the time of their visit. We accept cash, personal checks, and Mastercard/Visa. A 25.00 service charge will be added to all returned checks.
2. We prefer that established patients continue to pay in full at the time of each visit. We recognize however, that there are times when this is not possible. In such cases, please make arrangements with the receptionist prior to dental services. For individual dental procedures over \$500.00, a 5% discount is offered to patients that pay for the service at the beginning of that procedure by cash, check or money order.

If you are an established patient and have dental insurance, we will file the insurance for you as a courtesy. It is important that you understand that our financial relationship is with you, not your insurance company. Also, please note that should your insurance take greater than 60 days to reimburse us for our services, finance charges may be assessed and the bill for that service will be due and payable by you.

4. Dental insurance companies generally cover a percentage of dental procedures; the percentage that is not covered is your responsibility. The estimated non-covered amount is due at the time of the procedure. All insurance companies pay at different rates or percentages for different procedures. We provide dental services that will benefit your overall dental health regardless of what your dental insurance will pay. We do not have contracts with any dental insurance's and we are not a preferred provider for any insurance company. If we receive payment from your insurance company that is in excess of our estimate we can apply this as credit to your account or a refund may be issued upon your request.

If you or your child is covered by Medicaid, you must present the card to the receptionist prior to each visit to our office. Without your card we cannot perform services for you under the Medicaid program, and you will be responsible for payment of all charges. If you have additional insurance along with Medicaid, it is very important that we get this information. Our insurance clerk will need to discuss this coverage with you.

**LINDA P SWAIN, D.D.S., P.A.**  
**200 Lockhart Lane**  
**Beaufort, NC 28516**  
**Telephone: 252 504-2138**

5. The person who brings a child or children to our office is expected to pay for that visit. However, when a relative or other caretaker brings the child, the charges can be applied to that child's account if previous arrangements have been made. In cases where the parents are separated or divorced, the parent bringing the child to our office is responsible for payment.

6. If you have other health insurance, we will gladly answer any questions you may have in filing your own insurance claim with your carrier. Our office files primary insurance coverage only.

7. Collection procedures: You will receive a statement at the beginning of each month representing any balance due, including the amount your insurance did not cover. A finance charge of 1.5%/o per month may be added to your account when it remains unpaid. The periodic rate is applied to outstanding balances which are 60 days or more old. When your account has remained delinquent for 90 days a \$5.00 processing fee will be added to the account for each month that it remains due and it may be turned over to a collection agency or subject to legal action.

8. A scheduled dental appointment means that the time has been specifically set-aside for your treatment needs. Our office reserves the right to charge a \$25.00 fee for missed dental appointments.

9. I have read the above financial policy of Dr. Linda P. Swain and understand completely my responsibilities under this policy.

Responsible Party \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_

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