Dr. Brad Welsh & Associates, Inc. Office Financial Guidelines

Thank you for choosing Dr. Brad Welsh & Associates. The following are our financial guidelines. Please review, initial where indicated, sign and date at the bottom.

Insurance:

As a courtesy to our insured patients, we submit claims to your insurance company free of charge. We will help you receive your maximum allowable benefits.

Our doctors will diagnose treatment based on your dental health not your insurance coverage.

We will forward any items that the insurance company may request and help in any way we can to get your claim paid. If insurance is requesting information from you; we will contact you and it is your responsibility to get the insurance company the information they require to process your claim. If your insurance has not paid within 90 days of services rendered, you will need to make full payment to this office and be reimbursed when your insurance company pays. After 90 days you are responsible to pursue payment from the insurance company.

INITIAL: _____

Account Balance:

I agree to be responsible for payment of all services rendered on my behalf or my dependents. I agree that payment is due at the time of service unless other arrangements have been made. I agree that I am responsible for payment of all services rendered regardless of insurance coverage, if applicable. I understand that a 3% (36%APR) late fee may be added to any account balance over 60 days. If required, I also understand that a credit history inquiry may be made. There will be a $30.00 charge for returned checks. Failure to keep agreed financial arrangements can be cause for the cancellation of any future appointments.

INITIAL: _____

Missed Appointments:

In order to serve you better and reduce the cost of dental care, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We require at least 24 hours notice for any cancelled appointment. If an appointment is missed or cancelled in less than 24 hours, we reserve the right to charge a broken appointment fee of $50.00. We realize there are sometimes extenuating circumstances that will keep you from keeping a dental appointment. That is taken into consideration prior to charging the broken appointment fee.

INITIAL: _____

Patient Responsibilities:

Discourteous, rude or inappropriate behavior toward our doctors and/or staff can be cause for immediate termination of the relationship with this office.

INITIAL: _____

My signature below indicates that I have read and agree to the above written financial guidelines of Dr. Brad Welsh & Associates.

Signature of Responsible Party/Date: _____