



MAIN STREET DENTAL
CARTERSVILLE

Cancellation, Financial & Privacy Practices Acknowledgement

PAYMENT

We accept cash, personal checks and all major credit cards. Please be aware that in the case of a returned check, a \$25 charge will be assessed in order to cover the cost that is incurred from our bank. Payment in full is required at the time of services rendered. If you have insurance, it is our pleasure to file an insurance claim form on your behalf, however, all deductibles and co-payments are due at the time of your visit. If your account balance is not paid in full within 120 days, your account will be turned over to our collection agency. The collection agency may charge an additional 33% in order to collect your balance due.

INSURANCE AND YOUR RESPONSIBILITY

Most insurance are accepted at our office. However, we are not providers for most insurance companies. Though we will make every effort in filing claims for your insurance benefits, please understand that we cannot accept final responsibility for collection of your insurance benefits, as we are not a party to your insurance contract. It is our policy to verify benefits from your insurance company by phone or by website. If you have any employer / insurance changes, please notify us immediately. If your insurance company has not made full payment within 60 days of treatment date, the balance of the account will be due from you. A claim form and receipt of payment will be available for your records.

CANCELLATION POLICY

A 48-hour advanced notice is required in order to change a reserved appointment and to avoid a missed appointment fee of \$30.00.

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it. I have also read and understand the above office policies.

NAME

DATE OF BIRTH

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SIGNATURE

DATE

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