

Payment Policy

Keeping your mouth healthy means keeping you healthy! It is our goal to provide the best possible dental care for you and your family. We want to do everything we possibly can to make the best possible dental care both pain-free and affordable. Please ask one of our administrative staff for information regarding payment options if you are interested.

Payment is due at time of service. As a courtesy for those with insurance, we will accept assignment of your insurance; however, your estimated portion is due at the time of service. The balance or any portion not paid by the insurance company within 60 days is your immediate responsibility.

There is a cash or check discount for total fees over \$1,000 if paid in advance. In this situation, the insurance would be paid to you.

IF YOU HAVE INSURANCE:

- All fees are patient's responsibility regardless of insurance payment
- Patient is responsible for providing current insurance information
- Estimated portion is due at appointment
- Insurance is filed as a courtesy
- Balance not paid by insurance within 60 days is patient's immediate responsibility

Please initial the following if you have insurance:

_____ I understand that Liberty Hill Dental, P.A., is filing my insurance claim(s) and that I am financially responsible for any amount that my insurance company does not pay.

_____ I hereby authorize the release of information of my dental records to my insurance company.

_____ I hereby authorize direct reimbursement to Thad H. Gillespie, D.D.S.

Please provide 48 hours notice prior to any scheduling changes or cancellations to prevent fees from being assessed to your account for late cancellations and missed appointments.

I have read and understand the payment and cancellation policy.

Patient or Guarantor

Date

Office Staff

Date

PAYMENT POLICY