

Dr. Tilman Richards Financial Policies

We are proud to be a part of a team whose main goal is to deliver the finest and most inclusive dental care today in a pleasant and friendly atmosphere. We consider our relationship with you to be of primary importance and will always make recommendations to you based on what we believe is the very best treatment for you. To enable us to provide you with the highest standard of care, financial arrangements must be in place prior to the beginning of treatment. Please take a moment to review your payment options and confirm your understanding of them by signing at the bottom of the page.

We will gladly process your insurance claim, and try to accurately estimate costs of treatment and insurance co-pays but treatment can change and co-pays vary widely. We will be happy to send off for pre-treatment estimates from your insurance company if you request. **Though some insurance carriers do NOT cover many routine dental services, we make our recommendations based on your needs and not on what your insurance may or may not cover.** If you have any questions regarding your insurance, please contact your insurance carrier regarding the specifics and details of the plan they are operating on your behalf.

AS OF JANUARY 1, 2017 THIS OFFICE WILL NO LONGER ACCEPT CIGNA INSURANCE OR ANY OF ITS AFFILIATES. WE WILL BE HAPPY TO CONTINUE SEEING YOU AS AN ESTABLISHED PATIENT HOWEVER YOU WILL HAVE TO PAY UP FRONT IN FULL FOR SERVICES RENDERED. WE WILL SUPPLY YOU WITH ALL THE DOCUMENTS YOU WILL NEED TO FILE YOUR INSURANCE CLAIM.

You are responsible for the entire balance of your account whether insurance pays or not. Accounts 90 days past due are subject to a finance charge. Unsatisfied balances are subject to collection proceedings and collection fees will be added to the unpaid balance. NSF Checks are subject to a \$35 charge and the account must be satisfied by cash or credit card. **Final treatment will not be completed until all account balances are current.**

- **Full payment for all major service will result in a 5% discount if paid with check, cash, or money order. A discount of 3% will be given if paid with a credit card. THESE DISCOUNTS DO NOT APPLY TO PATIENTS WHO CARRY DELTA DENTAL AND BLUE CROSS BLUE SHIELD AS YOU ALREADY RECEIVE A LARGE DISCOUNT AS WE ARE IN YOUR NETWORK.**
- CareCredit—offers a separate line of credit to cover your entire family's health care needs.
 - A credit line can be established and approval usually takes less than 10 minutes.
 - No annual or membership fee.
 - Nine different options four of which are **no interest**.
 - Monthly payments as low as **3% of the outstanding balance**.
- Insurance

I **(please print your name)** _____ understand fully the above financial terms and policies by the office of Tilman Richards, D.D.S., as pertains to my account. **I also understand that my appointment time is reserved for me. A fee of \$50.00 will be applied to my account for cancelled or missed appointments without a minimum of 24 hours notice to this office.**

Your Signature: _____

Date: _____