Alane F. Holliday, DDS

831 Timber Creek Drive, Suite 1, Cordova TN 38018

FINANCIAL POLICY & BROKEN APPOINTMENT POLICY

Payment for services is due at the time services are provided unless other payment arrangements have been approved in advance. As a courtesy, we will help you process your insurance claim. To do this, you will need to provide accurate information of your coverage and insurance carrier.

We will gladly discuss your proposed dental treatment and answer any questions relating to your charges.

Please initial by each statement indicating you understand that:

_______ Co-pays, co-insurances, and deductibles will be collected at the time of service.

_______ Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.

_______ Not all services are a covered benefit in all insurance contracts. Some insurances arbitrarily select certain services they will not cover. You are responsible for determining which services they will and will NOT cover.

_______ Our fees are generally considered to fall within the acceptable range by most companies and therefore are covered up to the maximum allowance determined by each carrier. We may be a participating provider with your insurance company and if so, we will adjust our charges according to the contracted amounts set by the insurance companies.

_______ Charges for services will be promptly filed with your insurance company. We will wait up to 45 days for reimbursement. You are responsible for payment of all balances that are not paid by your insurance company 45 days after the date of service.

When you reserve an appointment with us, this time is set aside specifically for you. When a patient does not show up for their appointment or cancels too close to their scheduled time, we are often unable to offer this appointment time to other patients who are also in need of dental care. This policy is our attempt to ensure that both you and our other patients can receive the dental care needed.

As a courtesy, our office offers a variety of confirmation methods including phone call, text, or e-mail. Please be sure to update your contact preferences with our front desk staff. It is your responsibility to respond to our call, text, or e-mail indicating you will be on time for your scheduled appointment or notifying us if you need to cancel, reschedule, or change your appointment.

We ask that you please give us a minimum of a full 24 hours' notice when you need to cancel, reschedule, or change an appointment. If we're not provided with such notice, you will be subject to a broken appointment fee of $1.00 per scheduled minute that will be your financial responsibility.

I understand and agree that I am ultimately responsible for any balance on my account. I have read and understood all of the information on this form.

Signature: ____ Date: _______________________

(parent or guardian if minor)