



## FINANCIAL POLICY

Payment in full is due when services are rendered. All other arrangements must be made prior to your appointment.

### **Insured Patients**

- Although your insurance may assist you with partial payment of your treatment, the estimated portion that is not covered is due when services are rendered.
- As a courtesy to our patients, we will file your primary insurance for you. If your insurance has not paid within 60 days, you will be responsible for the entire unpaid balance and payment in full will be expected at this time. We will however, continue to work with you and your insurance company to expedite your reimbursement.
- Payment may be made by cash, check, and credit/debit card.
- Information is available upon request for third party financing through Care Credit, and/or Knoxville TVA Employees Credit Union.
- I understand and agree that I am ultimately responsible for all fees incurred for my dental treatment regardless of payment or denial of my insurance claim(s) by my insurance company.
- I agree to pay any and all unpaid balance on my account.
- I authorize all insurance benefits paid directly to William H. Pippin, DDS.
- If payment by the insurance company is made to the insured, I agree to endorse or have the insured endorse the benefits check to William H. Pippin, DDS or make payment immediately to William H. Pippin, DDS.
- I authorize the release of information to my insurance company, attorney or legal representative to obtain reimbursement of any claim(s) or for other reasons.
- A finance charge of 1.5% will begin to accrue after 60 days from the date of service on the unpaid balance of my account even though insurance may be pending.
- A fee of \$50.00 will be incurred for each returned check.
- In the event that my account is turned over to a collection agency or attorney for collection, I agree to pay collection costs, attorney's fees, court costs, and interest from the date of treatment.
- I authorize this office to discuss my account with a spouse or responsible party.
- If the patient is a minor or adult using insurance of someone other than his/her own, I authorize this office to discuss this account with the subscriber of the insurance, parent, step parent or responsible party.

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### **Minor Patients**

No treatment will begin on a minor until the legally responsible party has signed the necessary forms. The adult accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/Mastercard, or payment by cash or check at time of service has been verified.

### **Missed Appointments**

In the event you cannot keep a scheduled appointment, please notify the office at least 24 hours in advance. A charge in the amount of \$50.00 will be applied to an appointment missed without 24-hour prior notification.

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*Responsible Party Signature*

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*Date*