Dr. Melinda Judd, DMD
FINANCIAL POLICY FOR THE OFFICE

In the interest of good health care practice, it is desirable to establish a credit policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good health and we wish to spend our time and energy toward that end.

All accounts are due and payable at the time of your visit, unless satisfactory arrangements have been made with our Office Manager. For those without insurance, there will be a **5%** discount for accounts paid in full on the day of service. Senior Citizens ages 62 and older, without insurance, will be on a discounted fee schedule and will not receive an additional discount. Visa, Mastercard and Discover are accepted, but no discount will be given as we pay a credit card user fee. Treatment plans may be printed for patients at their request but please note that prices listed are honored for a year from the appointment date.

On accounts which have established arrangements the payment is due upon receipt of the monthly statement. Any balance outstanding more than 60 days will bear interest at 1.5% per month, which is 18% per annul.

Insurance is gladly billed as a courtesy to our patients, when you provide us with current information and any necessary forms. Even though you may have an insurance claim pending, you will receive a monthly statement for the outstanding balance on your account. We cannot accept responsibility for collecting an insurance claim after 60 days or for negotiating a disputed claim. Insurance reimbursement is a contract between you, your employer and the insurance carrier. YOU are responsible for payment of your account.

There will be a flat fee of **$30.00** for any appointment not canceled within 24 HOURS of the appointment. We will not reschedule any patient after two appointments have been missed. Our time must be used as efficiently as possible to keep our expenses at a minimum and our fees within reasonable limits.

I have read this credit policy and understand that regardless of any insurance coverage I may have, I am responsible for payment of my account. I understand that delinquent accounts may be assigned to a credit reporting collection service. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all legal costs and expenses, including reasonable attorney fees. This will ensure that our responsible patients will not be penalized to cover costs incurred by those who do not pay on time.

Patient Name:_____

Signature/Responsible Party: _____

Date: _____

Courtesy of Quick Collect, Inc.
May 2017