



South Mississippi Endodontics

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OFFICE PAYMENT POLICY

This is a referral practice, and a mutual respect to obligations is essential to permit our business to be conducted on an efficient and friendly basis. Therefore, to avoid misunderstandings concerning payment of accounts, please note that endodontic treatment is usually completed in one to two visits and must be paid in full at the first visit. We will be happy to file insurance claims for you at no extra charge, if the insurance company will also issue a check payable to the dentist. In addition, you must provide our office staff proper information (Dental Insurance Card, Social Security #, and Date of Birth of the person you are filing dental insurance under). The estimated difference that the insurance does not pay must be paid the day of the office visit. Please be aware that this is a good faith estimate of what your dental plan will pay. You are fully responsible for any balance that results after your actual insurance payment is received. Any credit balances resulting from overpayment will be refunded by check within 1-2 weeks.

Your insurance is a contract between you as a subscriber, and the insurance company as insurer, involving our office, South Mississippi Endodontics, P.A., only indirectly. Therefore, any controversy which might arise over your Insurance Company's handling of your claim is for you to resolve. Any discrepancy between the Insurance Company's allowance and your total indebtedness remains your responsibility. Any insurance claim that has not been paid within 30 days of treatment will be billed back to you.

We are currently network providers for Cigna Radius and Delta Dental dental plans. As providers for these networks we are contractually obligated to a certain fee schedule.

All account balances over 30 days old will be charged a finance charge of 1 ½ per month (18% annually) on the balance. A returned check fee of \$40.00 will be charged for all returned checks.

Our appointments are confirmed **48 hours in advance**. We ask that you personally confirm your appointment either by phone or by responding to the confirmation email. If you miss your appointment, cancel or change your appointment, with less than **24 hours' notice**, you may be charged a cancellation fee of **\$75.00**. We are not able to hold your appointment without a confirmation. Please understand that when you cancel your appointment without giving enough notice, we are unable to promptly care for our other patients, many of whom are in pain. We reserve the right to require payment in full prior to rescheduling an appointment where multiple broken appointments have occurred.

We accept the following forms of payment: Visa, MasterCard, Discover, Care Credit, Cash and Personal Checks.

I hereby assign, transfer, and set over to South Mississippi Endodontics, P.A. all rights, title and interest to my dental reimbursement benefits under my insurance policy, I authorize the release of any dental information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand I am financially responsible for all charges for my dependents, or myself whether or not they are covered by insurance. All unpaid balances existing beyond 90 days may be turned over to a collection agency. In the unlikely event this account is submitted for collections, I the undersigned agree to pay any and all collection costs, reasonable attorney's fees, and court costs.

Guarantor Signature: _____

Date: _____