

### Practice Scheduling and Financial Policy

We welcome you to the practice of **JC Duncan, DDS, PA** and are committed to providing you the best treatment possible. Our team is dedicated to ensure that your overall experience with us is successful and pleasurable.

To enable us to best serve all of our patients, please review the following policies. If we focus together on these policies, you will enable us to provide you, and other patients, with the care that is expected and deserved.

#### **Appointments**

When an appointment is established for you, we are reserving the doctor's and our staff's time for you to receive the quality of care and treatment that you need. Having ALL patients arrive on time enables us to better serve you and other patients. When you agree to your scheduled appointment, we understand that you are committed as well to arriving on time to help us serve you and others in a more timely fashion. **Patients who arrive late for their appointed time or repeatedly cancel appointments with less than two (2) business days notice, will incur a \$50 broken appointment fee and may be charged a non-refundable deposit when scheduling future appointments.** In the event of inclement weather, please contact our office prior to arrival if there is any question as to whether the practice will be open. As a general rule, the practice will be open on the days that Mecklenburg County Schools are operational.

**Patients Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### **Payment Responsibility**

All services provided to you, your dependents, or others for whom you are responsible, you will be responsible for payment for said services. Unless insurance is available or payment is otherwise pre-arranged, payment is due in full at the time of treatment. If treatment is terminated or suspended prior to your treatment being completed, any fees for services already provided shall become due and payable immediately. If the account is not paid as agreed upon and is turned over to collections, you agree that an additional fee will be added to your account balance to cover the cost of collection. Returned checks shall incur a \$25 return check charge and the patient will no longer be able to pay with a personal check.

#### **Insurance Claims**

If you have dental insurance, please provide the necessary requested insurance information to our staff in advance of your appointment. Not doing so may cause you to be required to pay in full for treatment at the beginning of your appointment. As a professional courtesy, we will attempt to verify your insurance benefits before your appointment and file your insurance claim for you upon completion of treatment. You understand that our practice's fees may differ from those fees allowed by your insurance carrier. You also understand that you are ultimately responsible for the full amount of treatment should your insurance company not pay the claim. All insurance claims filed on your behalf that remain unpaid after 60 days of filing shall become your immediate responsibility to pay.

You acknowledge that you have read and understand these scheduling and payment policies and agree to them as outlined.

**Patients Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_