

Jane L. Dodson DDS & Associates  
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### Financial Policies

Thank you for choosing our office for your dental care. We are committed to the success of your treatment. The following is a statement of your financial policy that we ask you to read and sign prior to any treatment. **PAYMENT IS DUE IN FULL AT THE TIME OF SERVICE. IF YOU HAVE INSURANCE YOUR CO- PAY & DEDUCTIBLE ARE DUE IN FULL AT THE TIME OF SERVICE.** To accommodate you, we accept cash, checks, Visa, MasterCard, and Discover Card. For extensive treatment plans, we offer extended payment plans with prior credit approval.

### Regarding Insurance

We will accept assignment of your insurance benefits. However, we do require your co-payment and deductible to be paid in full at the time of the visit. The balance is your responsibility whether the insurance company pays for your treatment or not, and due in full within 90 days from date of service. We will gladly process your claims, provided that you give us accurate insurance information. It is your responsibility to inform us of changes in your insurance coverage. Your insurance policy is a contract between you and your insurance company. We are not a party to the contract. Please be aware that some, and perhaps all, of the services provided may be non-covered services and/or not considered reasonable or necessary under your policy. Regarding insurance plans where we are a participating provider, all co-pays and deductibles are due at the time the service is provided. We will accept the allowed amount of percentage that is stipulated in your contract with your insurance company, then it is your financial responsibility.

### Missed Appointments

Our policy is to charge for missed appointments and short cancellations at the rate of a normal office visit. Please help us serve you and our other patients better by keeping scheduled appointments. Appointments that are missed or changed at the last minute are then unavailable to patients who need appointments. Please consider your schedule carefully when making appointments. If you need to reschedule we require 48 hours notice to avoid a short cancellation fee.

Thank you for taking the time to read and understand our financial policy. Our practice is committed to providing the best treatment for our patients. Please let us know if you have any questions. Any of our staff members will be glad to review the financial policy with you at any time.

I have read the Financial Policy and I understand and agree to this Financial Policy.

Signature of patient or Responsible Party:	Date:
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