



Sheila Gordon-Holt, D.D.S., P.A.

PRACTICE GUIDELINES

Dr. Sheila Gordon-Holt and staff are pleased that you have chosen us for your dental care needs. Please review our financial policy and acknowledge it with your signature below.

INSURANCE

Professional services are rendered and charged to you, not your insurance company. Please understand that the contract is between you and your insurance company. Payment for services is ultimately your responsibility. We will accept assignment of claim for primary insurance. All deductibles and co-payment amounts not covered by your insurance are to be paid in full at the time of treatment. Financial arrangements must be made with our financial coordinator prior to starting treatment. Our office will not enter into a dispute with your insurance company over your claim. Holt family dentistry will file all primary insurance claims as a courtesy to our patients. **You will receive a statement every month if your account shows a balance due, regardless of insurance expectations.** If at the end of **30** days, your insurance has not paid, you will be responsible for the entire balance. It is your responsibility to inform us of any changes in your address, phone numbers, employment and dental benefits. In order for us to honor your insurance, you must provide proof of insurance coverage (i.e. insurance card, completed claim form, or benefits book, etc.) and we must be able to verify your coverage and current benefits. If verification cannot be made you will be responsible for the full charges to be paid at the time of service. You will be given proper paperwork to file with your insurance company.

A service charge of \$25.00 will be charged for all checks returned for any reason, including insufficient funds and stop payments. A late fee of \$10 per month will be applied to any overdue accounts. If our office takes legal action to collect any unpaid charges, you will be billed the cost of attorney services, court costs, and a collection fee of \$50, in addition to any unpaid balances.

USUAL AND CUSTOMARY FEES:

Our fees are what is usual and customary in our area not what your insurance company feels are usual and customary. You are responsible for any fees that are above your insurance companies' usual and customary fees unless we have a contract fee with your insurance company or are a participating preferred provider (PPO) for your insurance company.

I HAVE READ, UNDERSTOOD AND AGREE TO THE STATEMENT OUTLINED ABOVE

SIGNED: _____

DATE: _____