



BULLOCK FAMILY DENTAL

Office Financial Policy

Thank you for choosing Bullock Family Dental. If you ever have any questions or concerns regarding payment, fees, or treatment, please contact us. Payment arrangements should be made prior to treatment at our office.

We accept cash, checks, VISA, and Mastercard. Extended payment options are offered through Care Credit (Ask us for a pamphlet).

A \$50 fee may be applied for missed appointments.

A service charge of 1.5% per month (18% per annum) on the unpaid balance will be assessed on all accounts exceeding 60 days from the date of service.

For Patients without dental insurance:

* We provide excellent dental care at a competitive cost to our patients. Therefore, payment is expected at the time of treatment.

* In cases involving major treatment, we require half of the payment at the initial appointment and the other half on the last appointment.

For Patients with dental insurance:

* We will process your insurance at no charge. However, you are ultimately responsible for the total cost of the dental treatment, regardless of the insurance coverage.

* We do our best to find the most accurate estimate of the amount you owe, but it is still only an estimate. That computed fee will be due at the time of service.

I agree to pay all costs, including any court costs and reasonable attorney fees, collection fees, interest charges, processing fees, or commissions. I authorize payment of all dental and/or surgical benefits to which I or other family members are entitled, including private dental insurance and other group health plan benefits otherwise payable to Bullock Family Dental.

Signature of Patient, Parent, or Guardian

Date

Acknowledgement of Receipt of Notice of Privacy Practices

Please sign below to acknowledge receipt of our Notice of Privacy Practices. You may refuse to sign this acknowledgement and we will document our good faith effort to obtain that acknowledgement.

I have received notice of this office's Privacy Practices.

Signature of Patient, Parent, or Guardian

Date

For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)