



Financial Policy

- Payment:** Payment is due in full at the time of service, unless prior arrangements have been made. We do accept cash, personal checks, most major credit cards, debit cards, and third party financing through Care Credit.
- Insurance:** As a courtesy to our patients, we are happy to file your claims on your behalf. We will make every reasonable effort to collect covered amounts from your insurance company. Deductibles, co-payments, and non-covered amounts are due at the time services are rendered. All estimates quoted are based upon information provided to us by your insurance company and are estimates only and are not guarantee of payment. The patient is ultimately responsible for all charges incurred. Insurance companies are required by law to play claims within 30 days. After 60 days, any unpaid claims will become the sole responsibility of the patient. At that time outstanding amounts to insurance will be required to be paid in full by the patient. Our first and only priority is our patients and the quality of care.
- Returned Checks:** All returned checks are subject to a \$30 returned check fee. After a check has been returned, all future payments will be on a cash or credit card basis.
- Delinquent Accounts:** Accounts over 90 days past due will be handled by our collection service. The patient agrees to pay ALL collection costs in addition to fees for service.
- Cancellations:** It is the philosophy of our office to provide optimal patient care. All patients are seen by appointment only. This allows us to focus our efforts on caring for and treating our patients to the best of our abilities. Thus, we require a minimum 24 hours notice for cancellations and reschedules. This is necessary to allow us adequate time to notify patients who are on a waiting list for a first available appointment. Lack of adequate notice inhibits us from offering an exceptional standard of care to our other patients. A fee of \$100 per hour scheduled may be charged for failed appointments, inadequate notice of cancellation, or rescheduling of an appointment with less than 24 hours notice. We appreciate your cooperation and respect of our efforts.

I have read the above and I understand and agree to these terms regarding my treatment by Steven L. Yarbrough, D.D.S., F.A.G.D.

Patient Signature

Date