

ROBERT G. HODOUS D.D.S.



Creating Beautiful Smiles with a Soft Touch

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Financial and Payment Policy

We feel that all patients deserve from us the best dental care we can provide, and further, we feel that everyone benefits when office policy and financial arrangements are well understood. In order that we may have a definite understanding in regard to payment for dental services, the following guidelines will be followed.

Patients that do not have dental insurance coverage are fully responsible for payment on account the day services are rendered. Patients who have dental insurance understand that all dental services rendered are charged to the patient and that he/she is personally responsible for payment. Your dental insurance is a contract between you and your insurance company; we are not a party to that contract. We will prepare the patient's insurance forms, however, we cannot render services on the assumption that our charges will be paid by the insurance company. **If payment is not received from the insurance company within 30 days, the account will require payment by the patient.** The patient's deductible and/or estimated co-pay must be paid prior to or at the time of treatment. Delta Dental and AR Blue Cross Blue Shield patients will need to pay in full at the time of service as Delta policy states that they reimburse directly to the insured. Any remaining balance left over after the insurance company has paid must be paid to us within 20 days. We reserve the right to charge late fees on all balances that are delinquent at a monthly rate of 1.25% (15% APR) and the patient will be responsible for all collection/legal costs associated with recovery of balance due. We also reserve the right to charge a return check fee for all checks returned unpaid.

We request a 24-hour advance notice of any appointment time changes. Because life can be unpredictable, we do allow one changed appointment during your course of treatment. The second missed/rescheduled appointment you will be charged \$50.00. Make sure you set appointments that you will be able to keep!

I have read the above and accept responsibility of payment for my dental work. I further state that I have fully disclosed all medical/dental history, current conditions and/or medications that I am taking.

Signature of responsible party

Date