



Dr. Jody Morse & Dr. Michael Doyle

336.996.4400 • FAX 336.996.4401 • 633 HOPKINS ROAD, KERNERSVILLE NC 27284

## Financial Policy

### All patients please read the following...

Payment for services is expected at the time service is provided. If treatment requires multiple appointments, payment may be divided over the number of appointments. Cash, personal checks, MasterCard, & Visa credit card payment are all welcome.

If an extended payment plan is desired, please ask us about the **CareCredit** program. This is a great plan which has several 0% options, and is accepted at many other Doctor's offices locally.

For charges of \$500.00 or greater, we now offer a 5% administration discount which will be extended for FULL cash or check payment in advance of treatment. In this case we will provide you with any information you may need to file your insurance claim on your own and insurance reimbursement will then be made directly to you.

I understand and agree that all services rendered to myself, or others assigned to my account are to be charged directly to me. If I suspend or terminate treatment any fees for services rendered will be immediately due and payable. Should fees for professional services not be paid in accordance with the provisions herein, reasonable attorney's fees shall be included in the amount due. Finance charges can be applied to all past due amounts at the rate of 1.5% per month (18% annual rate.) If the account is in default and turned over for collections, a collection fee will be added as well.

### If you have dental insurance...

As a courtesy, we will file your **primary** insurance claim for you. We cannot file or accept payment for secondary insurance claims filed by you under any circumstances. In most cases we will accept assignment of insurance benefits. However you must understand that we are involved with a huge number of different plans, and for that reason we need to emphasize the following.

No one can know for sure **exactly** what the insurance company will pay for any given service. We will be happy to file a pre-estimate for treatment with your insurance carrier however even then payments by them are not guaranteed. We do our best to estimate insurance benefits at the time of service, however it is just that, an estimate. Very often a credit or balance due will remain after the claim has been paid.

I understand that my dental insurance plan is a contract between me, my employer, and my insurance company. Morse & Doyle DDS, PA. is not a party in this contract and **I am ultimately completely responsible for all dental fees.** I understand that payment for the uncovered portion of services rendered must be paid at each visit. I agree that this office accepts the assignment of my **Primary** insurance benefits **for a maximum of 60 days.** I agree that if, after being properly filed, my insurance has failed to pay the claim within 60 days, that I will be expected to pay in full for that visit within 15 days of being billed.

Signature of patient or responsible party: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature, I indicate that I have read this policy, understand its content, and agree to its terms.