

ANDREW S. CURRY, D.D.S.
4222 Texas Boulevard
Texarkana, Texas 75503

FINANCIAL POLICY

We need your assistance and your understanding of our payment policy.

We are committed to providing you with the best possible dental care. Our fees reflect our professional commitment to excellence. If you have dental insurance, we are happy to help you receive your maximum allowable benefits.

In order to achieve these goals we offer the following methods of payment:

- A. Payment in full by cash, check, bank card, or alternate financing for each appointment as service is rendered. Our financial coordinator is willing to assist you in formulating a financial plan to meet your needs **before your treatment is scheduled.**
- B. For patients with dental insurance, we ask that you **read your policy to be sure that you are fully aware of any limitations of the benefits provided.** We accept payment directly from the PRIMARY and SECONDARY insurance company for that percentage (%) your insurance will cover; **however we require that the deductible and estimated non-covered fees from your Primary and Secondary be paid at each visit.** If the payment from the insurance company has not been received within 30-60 days, the insurance claim will be closed and the patient is responsible for the balance. In the event of duplicate payment, you will be reimbursed.
- C. Bank Charge Cards – VISA, MasterCard, Discover, and American Express – are accepted.
- D. Alternate financing (Care Credit) is gladly accepted. We will be happy to assist you in completing an application. Credit approval is required.

Please be aware that any parent bringing a child to our office is legally responsible for payment of all services in according with the same payment arrangements stated above. We will gladly discuss your proposed dental treatment and answer any questions you might have as to the involvement of your dental benefit program in receiving this care. We appreciate the opportunity to serve you.

It is important that you realize,

1. Your dental benefit program is a contract between you, your employer and the insurance company. We are not a party to that contract. This office files your insurance as a courtesy to you.
2. Our fees generally, but not necessarily, fall within the usual and customary fee structure, determined by your carrier.
3. Not all dental services are covered benefits in all contracts.
4. You (not the insurance company) are responsible to us for all our fees for services rendered to you.
5. For patients who have insurance, an ESTIMATE, will be given of the benefits that the insurance company is expected to pay and any co-payment is expected at the time services are rendered.
6. **A Secondary Insurance does not necessarily mean that your entire treatment will be covered.**

Your appointment time has been reserved especially for you. There is a ***24 hour notice required to cancel or postpone an appointment. Call (903) 792-8351 to contact our staff or after hours answering service. \$25 fee for each missed appointment.***

PATIENT NAME and/or Patient's Guardian Name

DATE