



# Family Dentistry

*Martha Anne Carr, D.D.S.  
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(985) 727-0047*

## **Financial Policy Agreement**

Thank you for choosing Dr. Carr and her team of dental professionals to serve your dental care needs! Our team is committed to providing you with the highest quality of care in the safest, most comfortable, and pleasant manner.

### **What you can expect from us:**

As a courtesy, we will be happy to assist you in filing your insurance claims in order to maximize your benefits. We accept assignment of most insurance benefits. We will send them the necessary information, and in most cases, file electronically to speed up your benefits. We offer easy modes of payment through CASH, PERSONAL CHECK, or CREDIT CARD. As a small business, we cannot act as a financial institution and are not able to carry balances as interest-free loans. However, we have a relationship with a finance company that may be able to assist you in interest-free or low-interest payments. There will be a \$35 charge for any returned check.

### **What we expect from you:**

The most accurate, up-to-date insurance information to aid us in expediting your claims and benefits. Payment of all deductibles and co-payments (your portion) at the time of service. If your insurance company has not paid your account in full by 90 (ninety) days [30 days is what the law requires], the balance will be payable by you. It is then your responsibility to contact your insurance company regarding the status of your claims. Please understand that your insurance policy is a contract between you and your insurance carrier. We are not a party to that contract. The variety of services covered varies from company to company- check your coverage book for that information. Some of the services that are optional for your oral health and overall well being any not be covered by your particular company. Any remaining balance becomes your responsibility whether your insurance company pays for dental treatment rendered or not.

If this is an emergency or one-time visit, we will provide you with a super bill in order for you to file a dental claim. However, you will be expected to pay in full for dental services at the time diagnostics and treatment are rendered.

### **Minor Patients (under 18 years of age):**

An adult must accompany all minor patients. The adult accompanying the minor patient will be responsible for payment of dental fees for treatment scheduled for that visit.

### **Missed Appointments:**

All of us have unexpected changes to our schedules, but we ask that you give us at least 48 hour notice whenever possible so that we may be able to accommodate another patient. We reserve the right to charge for missed appointments. If our office is closed, please leave a message on our voicemail if you are unable to keep your appointment.

Your cooperation in this financial agreement helps us keep our costs down and our fees reasonable. Please let us know if you have any concerns regarding your dental treatment or the fees associated with dental care.

I have read and understand the financial policy agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Financial Coordinator \_\_\_\_\_

Date \_\_\_\_\_