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## FINANCIAL RESPONSIBILITY

Thank you for choosing Carolina Orthodontics & Children's Dentistry as your dental healthcare provider. The following information provides the basis for the financial aspect of your family's treatment. We sincerely desire to treat our patients in a pleasing and congenial atmosphere and find this can best be accomplished when a clear understanding exists regarding financial arrangements. Please contact our office at any time with questions regarding your financial responsibility.

- **PAYMENT:** Fees for services are due when treatment is rendered. Payment may be made in cash, check or by credit card.
- **FINANCING:** Qualified treatment plans may be eligible for in-house zero interest financing options.
- **PREPAYMENT COURTESY:** For qualified treatment plans, a courtesy discount may be given for payment in full.
- **RESERVATION DEPOSIT:** Deposits are required for certain procedures, including moderate conscious sedation and outpatient services. Please see individual consents for specific information.
- **INSURANCE:** If you have dental insurance, we will file the appropriate claim forms with your insurance company, provided you supply us with documented evidence of coverage, ie an insurance card. We will make a good faith estimate of your benefits and file the appropriate claim forms. We defer billing for you for that amount up to 30 days. The patient portion is due when services are rendered. Although we make every effort to help you understand and obtain your benefits, we cannot guarantee your insurance provider will pay. The insurance carrier determines the amount of the reimbursement. We not accept responsibility for collecting on an insurance claim or for negotiating a settlement on a disputed claim.
- **THIRD PARTY PAYMENT:** If the Responsible Party is someone other than the parent, financial arrangements must be made prior to treatment being provided.
- **NON-PAYMENT:** In the event the charges incurred are not paid in full when due and collection action is instituted, the Responsible Party is responsible for the additional costs associated with such collection activity. The collection costs may include, but are not limited to, collection agency fees, attorney fees, court costs, and/or any other expenses incurred in its collection as allowable by law.
- **RETURNED CHECKS:** A \$25 processing fee will be charged for a returned check.
- **INTEREST:** Any account remaining unpaid 60 days from the date of service will be charged interest at the rate of 1.5% per month on any unpaid balance (18% per year) unless prior payment arrangements have been approved.
- **CANCELLATION:** Patients are expected to notify the office at least 48 hours prior to their scheduled appointment if they cannot keep the appointment. Failure to properly notify the office may result in a charge of \$25 per hour or more of scheduled appointment time or requirement of reservation deposit in order to schedule next visit. Two non-notified missed appointments may result in dismissal from the practice.

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