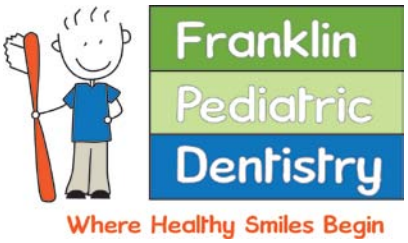

John Eric Yezerski, DMD

Office Policy

Financial Policy

Thank you for choosing us as your dental care provider. Our office is committed to providing you with the best possible care. Please understand that payment of your bill is considered as part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment. All patients must complete our Information and Insurance form before seeing the doctor.

Regarding Payment

We accept the following forms of payment: Cash, Check, Visa and MasterCard.

Payment for services is due at the time services are rendered unless prior arrangements have been made with the doctor and the billing receptionist.

The parent that accompanies the minor child/children to the appointment is responsible for payment due. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized before the appointment date or previous arrangements have been made with the doctor and billing receptionist.

Checks that are returned to our office from your financial institution are subject to a $20.00 returned check fee. This fee covers the processing fees that are charged to our office.

Regarding Insurance

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits and your insurance company has not paid your account in full within 60 days, the balance may be transferred to your account. Please be aware that some, and perhaps all, of the services provided may be non-covered services and considered reasonable and customary under the terms of your insurance policy. Our practice is committed to providing the best treatment for our patients and we charge what is the usual and customary for our area. You are responsible for payment regardless of any insurance companies arbitrary determination of usual and customary rates.

At treatment visits, we collect a percentage of the total cost of treatment, determined by an ESTIMATION of what your insurance will cover, plus any deductible required by your insurance. In the event of underpayment, we will send a statement to you. In the event of overpayment on your part, you will be reimbursed by check in the mail.

Your complete insurance information must be presented at the time services are provided. Insurance claims cannot be backdated. Most benefits will be verified before your insurance company can be billed.

All insurance co-pays and deductibles must be paid at the time of service.

Assignment of Benefits

I hereby instruct and direct that _____ Insurance Company is to pay by check made out and mailed to:

Franklin Pediatric Dentistry, John Eric Yezerski, DMD
509 New Hwy 96 W, Suite 100
Franklin, TN 37064

If my current policy prohibits a direct payment to the doctor, then I hereby instruct and direct you to make out the check to me and mail as follows:

Franklin Pediatric Dentistry, John Eric Yezerski, DMD
509 New Hwy 96 W, Suite 100
Franklin, TN 37064

This is a direct assignment of my rights and benefits under this policy. This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay within 30 days, the full balance of said professional service charges over and above the insurance policy.

A photocopy of this assignment shall be considered effective and valid. I also authorize the release of any information pertinent to my case to an insurance company, adjuster, or attorney involved in this case.

We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

Cancelation/Rescheduling Policy

Children tend to do better in the dental office when they are not tired. Therefore, we encourage morning appointments, especially for pre-school or nervous children. For many children, just a simple filling at the end of a long day, when they are tired, can seem like a major ordeal. Please keep in mind, one of our goals is dentistry that is as pleasant as possible for your child. Also keep in mind that a dental appointment is an excused absence from school.

When we schedule an appointment for your child, that time is reserved solely for your child. We do not double book and we take pride in the fact that because we value your time, as much as we hope you value ours, we make every effort to see your child at the time scheduled. For this reason, it is very important that you have your child in the office at the time scheduled. If you are late, it may be necessary to reschedule your child's visit. We also have a policy that a 24-hour notice is required for cancellations. We need this amount of time so that we can contact a child from our waiting list to offer the appointment. If we do not get the necessary 24-hour notice, we reserve the right to charge your account a broken appointment charge.

You agree that by checking "Electronic Signature" such action will constitute your electronic signature having the same legal force and effect as a hand written signature. ☐

I have read the Office Policy. I understand and agree to this Office Policy.

Signature of Patient or Responsible Party:_____

Date:_____