

INSURANCE POLICY

Our office is pleased to accept your insurance as soon as your coverage is verified. We will file your claim form and assist you in every way we are able. **However, it must be understood that the insurance contract is between you and your insurance company and that you are responsible for any amount not paid by the insurance company. We have no commitment or arrangement with the insurance company.**

OFFICE POLICY REGARDING INSURANCE

1. We expect your account to be current. When accepting your insurance, we have to wait for payment. This courtesy will be withdrawn of your account is not current.
2. You are required by your insurance company to sign an "AUTHORIZATION TO PAY DENTIST" form. We will file your insurance papers after the signatures and information is completed.
3. We are happy to file your primary insurance. We will NOT file secondary insurance.
4. We bill your insurance company each time you receive dental treatment in this office. At each visit, you are expected to pay your percentage of your co-payment responsibility and your deductible, if not met for the year.
5. Your insurance should pay within 30 days. We will re-file your claim one time if your insurance company has not paid within this allotted time. If your insurance has not paid within a reasonable time after a second filing, then you are required to pay the balance due and be reimbursed by your insurance company when and if it pays. It is your responsibility to call your insurance company and inquire about the delay in payment. The insurance company does not respond to our complaints.
6. Our office can NOT legally enter into a dispute with your insurance company over your policy or claim. We do not have a contract or agreement with your insurance company. This is your responsibility and obligation.
7. For New Patients there will be a payment due for your first visit.

FINANCIAL POLICIES

In an effort to provide quality services to you and your family while maintaining reasonable fees for such services, the financial policy for the office of Dr. J. Diane Colter is outlined below. The financial policy as described below will be applicable to all accounts effective July 17, 2006

PAYMENT SCHEDULES

- Payment in full is due at the time of service. We accept cash, MasterCard, Visa, American Express and Discover.
- If a deferred payment is necessary for some reason, an arrangement must be established BEFORE the services are rendered.

BILLING

- Monthly statements are generated and mailed around the 25th of the month. Balances are due upon receipt of the statement.
- Billed accounts exceeding 90 days will be referred to the Credit Protection Service of Greenleaf for collection. Further services for your family will be on a cash only basis.
- Returned checks are subject to a \$25.00 handling fee.

APPOINTMENT CHANGES

- We reserve the right to charge \$30.00 for appointments canceled without 24 hours notice.

INSURANCE

- Please see above

By signing below, the responsible party agrees to the above policies. I authorize my insurance company to pay Dr. J. Diane Colter directly for services performed.

Printed Name of Responsible Party

Signature of Responsible Party

Date

Patients