

**Myron L. Gottfried, DDS, PLLC
Haley Gottfried Mann, DDS
1415 Patton Avenue
Asheville, NC 28806**

PAYMENT POLICY AGREEMENT

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy, which we ask that you read and sign prior to any treatment. Interest at a rate of 1 ½% per month (18% per annum) is charged on balances over 30 days. **We accept Cash, Checks, Visa, MasterCard, Discover & American Express Cards.**

PAYMENT PLAN OPTIONS ARE AVAILABLE THROUGH OUR FINANCIAL COORDINATOR.

For those patients who **DO NOT HAVE DENTAL INSURANCE**, payment in full expected for services rendered on the day of service.

INSURANCE

If the patient or responsible party has an Insurance plan, the office will produce and send claims to the insurance carrier the same day of service, provided evidence of benefits (Insurance Card/Completed and Signed Form) is presented to the office. **ANY ESTIMATED PORTION OF SERVICES NOT COVERED BY INSURANCE IS DUE ON THE DAY SERVICES ARE RENDERED.** If you need financial assistance, please speak with our financial coordinator *PRIOR* to treatment. Your Insurance Policy is a contract between you and your insurance company. We file your insurance and accept assignment of benefits as a courtesy to you, our valued patient. If your insurance company has not paid for your claim within 60 days, you are responsible for payment of the balance at that time. We will be happy to provide necessary documentation to your insurance company so that you may call them to discuss the non-payment of your claim, but we require payment from you for the account balance.

Our Practice is committed to providing the **BEST TREATMENT** for our patients, and our fees are reasonable for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of "Usual and Customary" rates or for alternate treatment substitute determination. "Usual and Customary" fees vary widely between different Insurance Plans.

MISSED APPOINTMENTS

In order to ensure we have appointments available for our patients we must have 24 hours notice if you must cancel a scheduled appointment. If you find you will need financial arrangements call our financial coordinator at least 48 hours prior to your appointment. *Repeated missed appointments without notice will result in dismissal from our practice.* Please help us serve you better by keeping scheduled appointments.

Signature of Patient or Responsible Party

Date