**_Brentwood Dental Specialists, LLC_**
**_Dr. John Brannen_**

# OFFICE & FINANCIAL POLICY

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Thank you for choosing Brentwood Dental Specialists as your dental healthcare provider. We are committed to providing you with the highest quality dental care for your optimum oral health.

- Please understand that payment for services rendered is due at time of service. Our office accepts cash, personal checks, American Express, Mastercard, Visa, Discover and debit cards. Outside financing is available upon request and approval.

- NOTE: Returned checks (insufficient funds) are subject to a $25 additional fee. In the case that it becomes necessary for our office to enlist a collection service and/or legal assistance, you will be responsible for any collection and/or legal charges. Consequently, credit agencies will be notified of delinquent accounts.

- As a courtesy to our valued patients that carry our accepted insurance plans, our office will check eligibility, benefits and file insurance claims for reimbursement for all rendered dental services. However, eligibility and financial reimbursement from your insurance company is NOT a guarantee of coverage and payment. Actual benefit payments are determined ONLY when the claim is processed by your insurance company. Therefore, if the estimated portion from your insurance company does not fully reimburse for the dental treatment rendered, the financially responsible person is responsible for the remainder of the balance.

- Copayments, deductibles and estimated portions for our accepted insurance plans are DUE in full at the time of dental treatment.

- Orthodontic appliances (space maintainers, expanders, retainers, etc.) and prosthetics (crowns, bridges, dentures) require a 50% deposit before they are fabricated and the remaining amount is due when the appliance/prostheses are delivered.

- Broken appointments (no call/no show and without 24 hours notice) will be charged $50 after the first occurrence to the financially responsible person, if not prohibited by the insurance company.

- This office reserves the right to discontinue treatment/cancel all future appointments of any patient (or family) who has cancelled, failed or we were not able to confirm scheduled appointments for THREE scheduled appointments. Your insurance company may be notified of your discontinued treatment.

I, as the financially responsible person and/or guardian for this account, certify that I have read, understood and agreed to this office policy.

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Signature Date

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