

Bohannan Dentistry

8237 MID CITIES BLVD | NORTH RICHLAND HILLS TX, 76182 | (817) 485-1144

Written Financial Policy

Thank you for choosing Bohannan Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, MasterCard, American Express, or Discover Card

We offer a 10% courtesy accounting adjustment to patients who don't have insurance and pay for their treatment with cash or check prior to completion of care.

- Convenient Monthly Payment Options from CareCredit Healthcare Credit Card, subject to credit approval.
 - o Allow you to pay over time
 - o No annual fees or pre-payment penalties

Please note:

Bohannan Dentistry requires payment prior to the completion of your treatment. (If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.) For plans requiring more than 2 appointments, we may allow you to pay half when we start treatment and the remaining balance will need to be paid when treatment is completed.

Patients who carry any form of insurance should know that all services furnished are provided directly to the patient and that he or she is ultimately responsible for payment. We will help prepare your primary forms to assist in the making of collections from your insurance company and will credit such collections to your account. However, we do not render services based on the assumption that all of our charges will be paid by your insurance company. Your bill with us ultimately is **YOUR** responsibility, even if you believe that it should be covered by insurance. Serious insurance payment problems are uncommon, but most misunderstandings about what insurance does and **does not** cover can be avoided if you understand exactly what coverage your policy provides.

We will also try to assist you with any necessary "pre-authorization" for your dental procedures at your request, but it is ultimately your responsibility to be sure that all pre-authorization criteria required by your insurance are met. Also, please note that **NO** insurance company guarantees payment based on their giving pre-authorization. They may later decide to deny payment for part or all of our charges leaving **YOU** responsible for payment. It is in your own best interest to personally contact your insurance company to be sure that all of the requirements for payment have been met (e.g. premiums have been paid, pre-authorization was obtained, no "pre-existing" condition was present that would cause them to deny payment, etc.)

A fee of \$35 is charged for patients who miss or cancel without 24-hour notice.

Bohannan Dentistry charges \$30 for returned checks and any fees that may accrue from any banking institutions.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)