

Carolina Avenue Dental Care
Gloria B. Pipkin, DMD
214 Carolina Avenue
Moncks Corner, South Carolina 29461
(843)899-5911

OFFICE POLICIES

In order for us to provide you with outstanding customer service and care, the following policies are in place at Carolina Avenue Dental Care:

PAYMENT IS DUE WHEN SERVICES ARE RENDERED.

We accept cash, money orders, checks, and all major credit/debit cards including American Express and Discover. Additional financing is available pending approval through Care Credit. In office financing is not available.

Insurance: We accept payment from all dental plans. However, we expect the estimated co-payment portion of your bill to be paid at the time of service. The balance is your responsibility whether your dental plan pays or not. Your policy is a contract between you and the insurance company. We are not a party to that contract. If your dental plan has not paid your account in full within 45 days, the balance must be paid once you receive your statement or our delinquent account policy will be enacted. (See below). It is your responsibility to check and see if we are an in-network provider for your plan.

Please be aware that some, and perhaps all of the services provided, may be non-covered services and are not considered reasonable and customary under your dental plan. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area in accordance with the fees set by the South Carolina Dental Association. *You are* responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. *Please be advised that if your treatment is not covered under your specific plan full payment is due at the time of service.*

Crowns, bridges, dentures, etc.: ½ of charge is to be paid when casting and prep is done and balance is due at delivery. For Invisalign services: \$500.00 is due at initial visit and \$1,000.00 is due upon impression and the remaining balance will be discussed at that time.

DELINQUENT ACCOUNT PROCEDURE:

30 Days Past Due: A reminder letter will be sent.

60 Days Past Due: A reminder letter with 10 days to make arrangements for payment will be sent.

90 Days Past Due: A Certified Letter will be sent with a fee charged to the account and 10 days to pay the balance. *(After the 10 day period collection proceedings will be initiated and a Magistrate's fee will be charged.)*

A 1.5% FINANCE CHARGE ON UNPAID BALANCES WILL BE CHARGED ON ALL ACCOUNTS EXCEEDING 60 DAYS. ALL DELINQUENT ACCOUNTS ARE REPORTED TO THE CREDIT BUREAU.

APPOINTMENTS: Appointments are made by you in accordance with your schedule and are confirmed with you at that time. *We no longer call to confirm your appointment.* We certainly understand that scheduling conflicts and "life" happens. We ask that you let us know with as much notice as possible—at least a full business day—so your previously reserved time can be made available to another patient.

CONSENT FOR TREATMENT/SIGNATURE ON FILE:

My signature below also acts as my permission to have Dr. Pipkin perform the procedures or treatments that she has reviewed with me. I also authorize her or her assignee to bill my insurance company for the procedure or treatment on my behalf. This acts as my signature on file for her or her assignee to act on my behalf for any other purposes she deems necessary in relationship to my care. I also authorize her or her assignee to contact me at home or at work to discuss matters related to this policy.

I have read the above policy and agree to it's content.

Responsible Party: _____ Date: _____

Financial Coordinator: _____ Date: _____

Business Manager: _____ Date: _____