

Financial, Privacy and Cancellation Policies

The Doctor(s) at James Russell Bond DMD PC (DBA James Bond Dental Arts) along with the entire team, are pleased that you have chosen us for your dental care. We would like to make you aware of our Financial & Acceptance of Insurance Assignment Policies and would appreciate your cooperation. Please review and sign.

- * Cash Patients: Payment will be **DUE AT THE TIME OF TREATMENT** and may be paid by any one of the options listed below.
- * Patients with Insurance Plans: As a service to our patients, we will submit insurance claims at no charge. We will do all we can to assist you in maximizing your allowable benefits. However, the estimated co-payment and deductibles, as well as the portion estimated not to be paid by the plan, are due at the time of service. Please see our payment options below.
- * Flex/Cafeteria Plans: Payment in full is **DUE AT THE TIME OF TREATMENT**. We will provide a "paid" receipt for Flex reimbursement to you.
- * For all accounts: Outstanding 60 days or more, 10% APR will be applied to monthly billing statements. Accounts 90 days or more are subject to collection proceedings unless other arrangements have been made to clear the account. Interest rate may change without notice.
- * Collections: **All accounts turned over to collections will incur additional fees due directly to the collection agency.**

We accept cash, checks (to patients of record), debit cards, MasterCard, Visa, Discover and American Express.

We are happy to offer **Care Credit** and **Compassionate Finance** as two financing options available to assist you if you need to make extended payments. It is necessary to fill out an application. **If interested, please ask us for more details.** These options are subject to change without notice.

By checking this box, I acknowledge that I have been informed of James Russell Bond DMD PC's financial policy outlined above. I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such dental care to third party payers and/or health practitioners. I authorize my insurance company to pay directly to James Russell Bond DMD PC insurance benefits otherwise payable to me, unless I ask to pay for treatment in full and receive a benefit check directly. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

Privacy Policy

By checking this box, I acknowledge that I have been informed of James Russell Bond DMD PC's Notice of Privacy Policies. A copy has been made available to me at www.jamesbonddental.com and at the front desk.

Cancellation Policy

By checking this box, I acknowledge that appointments are considered confirmed when they are made. Our office requires **TWO** business days notice for appointment change requests. This includes changes in time, date, treatment, provider, or appointment cancellation. Please note that should you leave a request for change via voicemail, text or email when our office is closed, we will consider the request to have been made on the following business day. Should you fail to give the required **TWO** business days notice for appointment changes, you will be charged a fee. This fee could be up to and including the full fee for the appointment you changed, cancelled, or missed.

Signature

Date