

FINANCIAL POLICY

(C. Scott Davenport, DDS, PA)

In order to continue to provide quality dental care and keep our fees at a reasonable level, we have adopted this financial policy.

All fees totaling less than \$200.00, we ask that you pay that amount, in full, on the day of service. For fees totaling \$200.00 or more, we offer several options of payment:

- (1) Cash or check for the full amount the day the services are begun. In return, you will receive a bookkeeping adjustment for 5% of the total fee. For example, if your fee is \$200.00, you will receive \$10.00 credit, if you pay in full by cash or check. The 5% adjustment does not apply to patients with dental benefit plans/insurance with reduced fee schedules (managed care).
- (2) Payment by credit card for the full amount the day the services are begun. Because we are charged a fee for processing credit card payments, we are unable offer a bookkeeping adjustment. We accept MasterCard, Visa, and American Express.
- (3) If you are unable to pay the treatment fee in full, ask us about other payment options.

MANAGED DENTAL CARE PROGRAMS

Our office will file primary and secondary dental insurance for the patient. Dr. Davenport is a network provider for Delta Dental Premier only. Our office limits its participation in managed care programs due to the restrictive nature and negative influence on quality we feel these programs promote.

FOR PATIENTS WITH CONVENTIONAL DENTAL INSURANCE

We are happy to file insurance claims as a courtesy to our patients. However, it is the patient's responsibility to be aware of all terms of their insurance coverage, current status of their insurance benefits and for any follow-up on insurance filed by our office. All fees are the responsibility of the patient, regardless of insurance coverage.

Missed Appointment/Cancellation Policy

Our practice is committed to providing every patient with exceptional care. For this to occur, we must have the patient committed to keeping their appointments. However, we understand that on occasion unforeseen events require cancellation of appointments. Please call us at 704-708-4201 or e-mail us at info@davenportdentistry.com forty-eight (48) hours prior to your scheduled appointment to notify us of any changes or cancellations. If 48 hour notification is not given, you may be charged a fee of \$50-100 depending on the appointment type.

Please sign below to consent to all terms above.

Patient Signature (Patient's Parent/Guardian if under 18)

Date