



Patient Financial Policy

Dr. Patrick McDonough and staff are proud to be a team whose primary mission is to deliver the finest and most comprehensive periodontal services available today. We are concerned about your dental care and want to ensure you that it is performed in the most responsible manner. In order to assist you with the investment in your dental health, we have outlined our payment policy.

Forms of Payment

Payment is due in **FULL** at the time of service. For your convenience we accept cash, checks and credit card payments (MasterCard, VISA, Discover, American Express and CareCredit).

CareCredit is outside financing with 0% interest. You can apply for CareCredit by calling 1-800-365-8295 or online at <https://www.carecredit.com>.

Additionally, we grant a 5 percent discount to all patients who pay with cash or check for their procedures except maintenance appointment.

Returned Check Policy

There will be a \$30.00 handling fee for any returned checks.

Insurance Policy

We are not in network with any dental insurance companies. As a courtesy, our Insurance Coordinator will file your claims and provide reasonable information requested by your carrier in a timely manner. The insurance company will then **reimburse you** for the procedures that were covered.

It is your responsibility to be aware of the effective dates, waiting periods, yearly maximums, and any missing tooth clauses which may affect your coverage. We do our best to provide you with accurate coverage estimates based on information available to us. Many insurance companies will not give out fees until after the treatment is completed. However, we can file a pre-treatment estimate with your insurance prior to treatment. As a courtesy, we ask that you keep us informed of any change to your insurance. It is important that all information about you and your insurance is current.

Missed Appointment Policy

The nature of our service is such that we reserve time especially for you. If you are unable to keep your appointment, cancellations should be made **two business days** prior to your non-surgical appointment. Changes to any surgical appointments require a notice of **one week**. This allows us to be of service to other patients.

Broken surgical appointment: \$250.00
Broken maintenance appointment: \$60.00
All other appointments: \$80.00

Medicare Opt-out

Is a contract between a provider, beneficiary and Medicare where the provider or beneficiary **does not** file a claim to Medicare. The physician or practitioner bills the beneficiary directly and neither party is reimbursed by Medicare.

I have read the Carolina Center for Dental Implants and Periodontics Patient Financial Policy and I understand and agree to it.

Signature of Patient or responsible party _____ Date _____