

Financial Policy

Cullman Cosmetic & Family Dentistry

311 6th Ave. SE.
Cullman, AL 35055

- PLEASE READ THIS PAGE CAREFULLY

By signing this form I do hereby give permission for all dental treatment by or under the supervision of the dentist above.

I consent to the release of patient information to my insurance company for processing of my claims.

I agree to pay fees in the usual and customary manner, and I understand that fees for an office visit must be paid at the time of the visit unless an agreement has been made with the collection department prior to the visit. I also understand that I AND NOT MY INSURANCE COMPANY, AM RESPONSIBLE FOR ANY DENTAL FEES.

For your convenience, we accept most credit cards, cash, money orders and personal checks. Also we participate with Care Credit to help those patients who desire a payment plan (up to 12 months interest free). Arrangements for Care Credit should be made prior to your first appointment.

NON-COVERED ROUTINE SERVICE POLICY:

We want to provide you with the best dental care possible. There may be routine services and cost that may not be covered by your dental contract. You will be responsible for any remaining balance that your insurance does not pay in full.

TERMINATION OF TREATMENT:

By signing this form, I hereby understand and agree that the dentist in this practice may terminate the dentist-patient relationship. We base our relationship on mutual respect between the dentist and the patient, and any event or action by the patient, which disturbs this trust, including significant failure to comply with our treatment recommendations, failure to take responsibility for payment of fees, knowingly falsifying information or other actions not mentioned here, will result in a termination of our relationship.

NOTE FOR BLUE CROSS PREFERRED PATIENTS:

When receiving a posterior composite restoration, you are responsible for paying the difference between the Blue Cross allowance for the amalgam and the PDP fee schedule for the posterior composite.

POLICY CONCERNING DIVORCE SETTLEMENTS:

The policy of this dental practice is that the person signing as the responsible party for the child of divorced parents must arrange for the payment to be made at the time of the child's office visit. Regardless of the terms of your divorce settlement, whoever brings the child in must pay for the office visit at that time.

Signature of responsible party

Date