

Jodi Hamilton Foy, DDS, PA
217 W. Millbrook Road
Raleigh, NC 27609

FINANCIAL POLICY

We welcome and appreciate the opportunity to provide for your family's dental needs. We do our best to provide you with superior dental care.

For those patients covered by insurance, as a courtesy, we will accept assignment of benefits. This means that you authorize payment directly from your insurance company to our office. Most dental insurance plans cover a **percentage** of the cost of treatment based on an "allowed amount" for each procedure. Therefore, you will be responsible for paying your deductible and your estimated portion on the day services are rendered. We will **estimate** your coverage as accurately as possible, and we will **assist** you in dealing with your insurance company, but the ultimate responsibility is yours. We allow **30 days** for payment of claims, after which time the balance is due in full from you. A finance charge of 1.5% will be added to these balances.

Patients without insurance are expected to pay in full the day the service is rendered. We accept cash, check, Visa, MasterCard and Discover.

We make every effort to provide service in a timely manner. We ask for your cooperation in keeping appointments and require one full business days' notice for cancellations. There will be a **\$40.00 per hour charge** for cancellations made less than one full business day in advance and for no-shows.

We appreciate your cooperation with this policy and we will make every effort to avoid misunderstandings. If, at any time, you have a question regarding treatment, fees, or services, please feel free to ask us.

Thank you,

Jodi Hamilton Foy, DDS, PA

I understand and agree with all of the above office financial policies and allow assignment of benefits from my insurance company directly to this office.

Signature _____ Date _____