Dr. Robert G. Rust, Jr., D.M.D., P.C. PAYMENT POLICY ACKNOWLEDGEMENT

We are committed to providing you with the best possible dental care. Our fees reflect our professional commitment to excellence. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals we need your assistance and your understanding of our payment policy. For the convenience of our patients we offer the following methods of payment of fees:

- A. Payment in full by cash,check,bank card, or alternate financing for each appointment as service is rendered. 5% discount for full payment at time of service.
- B. For insurance patients we will accept payment directly from the insurance company only for that percentage the company will cover, and do require that the deductible and non-covered fees be paid at each visit. In the event of duplicate payment, you will be reimbursed promptly.
- C. Bank charge cards- Visa, Mastercard, & Discover- are accepted.
- D. Major services: Appliances; crowns, bridges, veneers, bonding, partials and dentures. Payment of ½ at the initial appointment and ½ upon completion.
- E. Basic services: Fillings, periodontal treatment, extractions, etc. Payment of ½ at the initial appointment and ½ upon completion, or three equal payments to clear the balance. 18.5% annual interest on accounts over 60 days. **Credit approval is required.**
- F. All home care products and prescription drugs are required to be paid in full at each appointment.
- G. Bleaching splints, Night Guards, and Study Models need to be paid for at the time of impression.

Please be aware that any parent bringing a child to our office is legally responsible for payment of all services rendered.

Our office staff understands dental insurance, and we will be glad to assist you in obtaining the maximum benefits specified in your contract.

It is important that you realize, however that...

- 1. Your dental benefit program is a contract between you, your employer, and the insurance company. We are not a party to that contract. **This office files your insurance as a courtesy to you.**
- 2. Our fees generally, but not necessarily, fall within the usual and customary fee structure, determined by your carrier.
- 3. Not all dental services are a covered benefit in all contracts.
- 4. You (not the insurance company) are responsible to us for all our fees for services rendered to you.
- 5. For patients who have insurance, an **ESTIMATE** will be given of the benefits that the insurance company is expected to pay.

We will gladly discuss your proposed dental treatment and answer any questions you might have as to the involvement of your dental benefit program in receiving this care. We appreciate the opportunity to serve you.

| Patient or Responsible Party | Date |
|------------------------------|------|