



OUR PRACTICE'S FINANCIAL INFORMATION

- Our office requests that payment due for dental services rendered to you and your dependents be paid at the time of service. We will attempt to advise you of this estimated amount before treatment. If we do not provide you this information, please request it.
- Please note that if you have dental insurance, we will estimate your portion due and ask that you pay only that amount at the time of service. Insurance benefits will be sent directly to our office and will be applied to your account. If a balance is remaining after insurance is paid, you will be sent a statement of that amount due.
- Insurance and the human body are unpredictable, so the quotes we give you are estimates. Due to this unpredictability, occasionally a remaining balance could result in your account after you have paid your estimated portion. We will send you a statement for this amount due. If your insurance company pays more than we estimate, you will have the option to receive a reimbursement check or keep your credit balance in your account for future use.
- Patients with an overdue balance will be required to pay their overdue balance before scheduling any future appointments.
- Our practice is unable to file insurance claims for Medicare or any of the TennCare programs.
- We invite you to call us with questions or concerns about your charges, statements, or clinical issues. Our phone number is: 931.967.4143

OUR PRACTICE'S PAYMENT OPTIONS

1. **CASH/CHECK/MONEY ORDERS**
2. **VISA/MASTERCARD/DISCOVER /AMERICAN EXPRESS CARDS**
3. **THIRD PARTY FINANCING:** for those interested in monthly payments
4. **PREPAY COURTESY:** If you pay your total estimated amount due prior to the time of service by cash or check we will reduce your total by 7%. If you choose to use a credit card to pay this estimated total amount we will reduce your fee by 5%.
5. **FINANCIAL CONSULTATION:** We can help you afford your dental work in many different ways. Please schedule a consultation with our treatment and financial consultant so that she can talk with you about specific ways in which to make your dental needs affordable and to save you money.

**Bartering or in-house financing is not available

Patient (or guardian) signature: _____ Date _____

PLEASE TURN THIS PAGE OVER FOR MORE IMPORTANT INFORMATION



WINCHESTER FAMILY DENTISTRY

PATIENT SCHEDULING INFORMATION

We at Winchester Family Dentistry recognize that in today's busy world adhering to a schedule is important for everyone to meet the demands of daily life. With this in mind, we have developed appointment practices to help keep you on your schedule and us on our schedule.

Every minute of our workday, we work diligently to see our patients at their appointed time. We do everything possible to contact you several days ahead of your appointment by email, text, and/or phone asking for a confirmation response from you. It is very important that you respond to this request immediately. If we do not receive your response 48 hours prior to your appointment, your appointment may have to be rescheduled. This will postpone your treatment and possibly jeopardize your oral health.

Unfortunately, when patients cancel or postpone their appointment with fewer than 48 hours' notice, miss their appointment, or arrive late it causes us to run behind in our schedule. These events disrupt not only our team, but other patients who deserve to be seen on time. Therefore, to respect everyone's time, we request **48 hours notice for appointment changes.**

In the case that you do not show-up for a scheduled appointment, you may be charged a fee of \$1.00 per minute of your scheduled appointment for the missed appointment and/or be required to confirm your next appointments with a credit or debit card. Of course, we hope this is never the case for you or your family.

We appreciate the opportunity to be the provider for your oral health, and we look forward to working together to achieve the goals that you have for your teeth and smile.

Thank you for helping us stay on time for your appointments.

I acknowledge that I have read and understand the above scheduling information. By signing below, I agree to adhere to them to the best of my ability.

Signature

Date

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