

**J.H. Donelson, D.D.S. Inc.**  
**Office and Financial Policies**

**Check-in:** Be prepared to update any and all paperwork needed. Please notify us of any changes to your insurance and contact information at time of check in. Please don't forget to give us your e-mail address or cell phone number if this is the best way to contact you. We use an automated service that sends out text and e-mail reminders and confirmation requests. This makes it more convenient for those that cannot answer phone calls at work.

**Check-out:** Please be prepared to cover any expenses for the current visit as well any outstanding balances, co-payments or fees not covered by your insurance provider. For your convenience we accept cash, personal checks, money orders, debit and credit cards (Visa, Mastercard, Discover, AMEX), flex spending, and Care Credit.

**No Shows/Late Arrivals:** Our schedule is very important. In order to maintain a functional day, we reserve the right to cancel/reschedule your appointment if you arrive more than 15 minutes late. We require **AT LEAST 24 HOURS** advance notice if you must cancel/reschedule your appointment in order to avoid a **\$50** charge. For your convenience, multiple reminders are sent out via our automated system and phone call attempts are made by the staff, which is why it is very important to always have your contact information up to date.

**Treatment Plans:** Any treatment plan given detailing your out of pocket expense is only an estimate and any not be accurate until final payment is received from insurance. Treatment is subject to change as indicated.

**Insurance:** For your convenience and as a courtesy, we will gladly file your insurance claim to the insurance for services rendered at your visit. However, if there is secondary insurance, it is your responsibility to file the claim. We will provide you with the necessary documentation. We allow 60 days from treatment for your insurance to make a payment. After the 60 days, the patient is responsible for the entire balance. If by 90 days the account has not been paid, collection proceedings will begin. It is your responsibility to follow up on the status of all claims. Ultimately, you are responsible for any balances.

**Un-insured Patients:** We ask that payment be made at time of service for those patients without insurance unless other payment arrangements have been made. We do offer a 5% discount for cash or check payments only.

**Minors:** If for any reason a minor cannot be accompanied by an adult we will need to be notified in advance in order to have consent forms signed. Unaccompanied minors must have full payment at the time of their visit unless payment arrangements have been made.

**Divorced Parents:** We do not get involved in family affairs; therefore, it is the responsibility of the parent accompanying the patient to provide current insurance information along with any payment at the time of service.

I **acknowledge** that I have received the "Notice of Privacy Practices" of James H. Donelson D.D.S., Inc. By signing this form, I consent to the use and disclosure of myself and my minor dependents protected health information to carry out treatment, payment activities, and healthcare operations.

**I have read, understand and agree to the above office and financial policies. I hereby attest that I have given and agree to provide current demographic and insurance information. I authorize release of information necessary for insurance filing and pre-certification by signing this statement.**

Patient Name (printed) \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_