



Periodontal Associates of Jackson
Roger B. Parkes, D.M.D., M.S.D.
R. Clarke Stewart, D.M.D.
406 Briarwood Dr, Suite 101
Jackson, MS 39206
Phone: 601-956-1230
Fax: 601-956-0201
www.periojackson.com

FINANCIAL POLICY

Dental insurance is a contract between you and your insurance company. It is your responsibility to understand the extent and limits of your coverage, and to provide our staff with accurate information to process your claim efficiently (i.e. insurance company address, phone number, etc.). It is not our place to enter into disputes between you and your insurance company regarding deductibles, copayments, etc. other than to provide factual information. We do not directly participate with any Insurance programs; however, as a courtesy, we do process your claim for payment. Certain conditions may apply to your financial arrangements that may require your authorization for release and assignment of benefits. Your signature below authorizes us to offer this when it applies to your situation. If we do not participate with your insurance, 100% of the total cost is requested at the time of treatment. If you are unable to pay 100%, options are available. Our staff will help you process whatever paperwork is required. However, the ultimate responsibility lies with you for payment of any and all monies due.

YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT

Our office will be happy to file insurance claims on your behalf but there is no way we can guarantee insurance payment for our services **(this is strictly between you and your insurance company)**. We will refile a claim **once** and provide dental/medical records or a letter of review once without any cost to you. Repeated filing of claims and requests for records and letters to your insurance company places undue burdens on our staff that we cannot comply with.

Unpaid balances in your account are ultimately **your responsibility** and we will apply our payment policy to all unpaid balances. If account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for legal fees, collection agency fees, interest charges and any other expenses incurred in collecting your account.

We hope this will clarify your situation with your insurance plan so that we can all concentrate on your treatment. Thank you for your cooperation and good luck.

Sincerely,

Billing/Insurance Department

Patient Signature

Date