

Payment Policy

Keeping your mouth healthy means keeping you healthy! It is our goal to provide the best possible dental care for you and your family. We have different financial options available to fit your budget. Please ask one of our administrative staff for information.

Payment is due at the time of service. As a courtesy for those with insurance, we do accept assignment of your insurance; however your estimated patient portion is due at the time of service. Patients with insurance please note we are an out-of-network provider and this may affect how your insurance pays. Unfortunately we are unable to quote you exactly what your insurance will pay due to insurance carriers being unable to guarantee coverage until the claim has been received. We do contact your insurance company to obtain a benefit breakdown for us to estimate by. The balance or any portion not paid by insurance after 45 days is your immediate responsibility. Interest of 18% will be charged to all outstanding balances 45 days past due of service unless specific financial arrangements have been made. If a check is returned unpaid, we will administer a \$50.00 return check fee.

We reserve the right to charge a fee for missed, cancelled or broken appointments without 48 hours advance notice. Your time and our time is valuable. We need to utilize our time in the best way to benefit all of our patients. Last minute changes hurt everyone so we appreciate your help with this problem.

There is a bookkeeping courtesy of 5% when you pay in cash. In this situation insurance would be paid to you.

We will be happy to work with you to plan the most appropriate payment arrangements. Helping you keep your teeth healthy is our ultimate goal!

I have read and understand the above payment policy.

Patient or Guarantor Signature

Date

Office Staff Signature

Date

**If you have insurance and agreed by signing the
payment policy section:**

**I hereby authorize the release of information of my
dental records to my insurance company and I hereby
authorize direct reimbursement to Randal L. Watson, DDS, PA.**

Insured Signature

Date