

Financial Policy

Patient Billing

We deliver the finest care at a reasonable cost to our patients. Payment is expected at the time of service. For your convenience, we accept Visa, Mastercard, Discover and Care Credit. The undersigned agrees that sometimes treatment may take more than one visit and that the full charge is billed at the initial visit. Even if the undersigned does not return to finish the treatment, he/she agrees to be responsible for the charges incurred at the initial visit. If you have questions regarding your account, please call us at (317) 251-2371.

Please remember you are fully responsible for all fees charged by this office regardless of your insurance coverage. Our relationship is with you, our patient. As a courtesy to you we will file a claim to your insurance company. We are preferred providers with Delta Dental Premier and Anthem 200 and 300. We will file to all companies (with the exception of Medicaid). You will be responsible for determining the difference in payment percentages for in and out of network coverage. This detailed information is accessible by researching your insurance company's website.

Except for any pending insurance claims, your account will begin to incur a 1.5% interest charge per month after 90 days. We strive to work with patients through financial difficulties by structuring payment options. If an agreement is not reached, we will file with small claims court. Your account will be assessed the small claims fee as well as 33% of your current balance as a collection fee.

Appointments

(please initial)

We understand life happens when scheduling appointments. We do ask for the courtesy of 24 business hours advanced notice for rescheduling of appointments. This allows us time to fill your time with other patients in need of treatment. The first occurrence of a failed or late notice cancellation is typically forgiven. Should a second occurrence take place there will be a fee applied to your account.

Patient Information

(please initial)

Please help us keep our records up to date so that we may be as efficient as possible. It is very important we have your current contact information (address, telephone numbers, email address, etc.) as well as your current insurance information. It is very important to keep us informed of any health related issues and any medication changes. The most ideal time to let us know of any changes is prior to your appointment.

I certify that I have read and understand this agreement.

Signature

Date:

Submit Form