

FINANCIAL POLICY

Thank you for choosing the office of Dr. Sonia Jennings and Dr. Travis Ratliff as your dental care provider. We are committed to providing you and your family with the best available dental care. In our ongoing process to make sure that all your dental needs are met, our billing department and our financial coordinator is available to discuss our fees and this policy with you.

We ask that all responsible parties read and sign our financial policy as well as complete the patient information forms prior to seeing the doctor.

Payment for all services will be due at the time services are rendered. In order to serve you better, we accept cash, check, Visa, MasterCard, and Discover. We can also provide you with the resources to apply for a line of credit through Care Credit. Please ask to speak with our financial coordinator regarding this option. As a courtesy to you, it is the policy of Dr. Sonia Jennings to bill your insurance carrier, although you are ultimately responsible for the entire bill. As the responsible party, please understand:

(Please Initial the Following)

1. ____ Your insurance policy is a contract between you, your employer and the insurance company. We are not a party to the contract. Our relationship is with you, not your insurance. We will not become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance and "usual and customary" charges. As your dental provider, we will only supply factual information to facilitate claim processing.
2. ____ Fees for service, which include unpaid balances, deductibles, and co-payments, are due at the time of service. Returned checks and unpaid balances may be subject to collection placement and collection fees.
3. ____ All Charges are your responsibility, whether your insurance company pays or does not pay. If your insurance carrier does not remit payment within sixty days, the balance will be due in full from you. If any payment is made directly to you for services bill by Dr. Sonia Jennings or Dr. Travis Ratliff, you recognize an obligation to promptly remit payment to the office of Dr. Sonia Jennings and Dr. Travis Ratliff.
4. ____ I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, after such default and upon referral to a collection agency or attorney by Dr. Sonia Jennings and Dr. Travis Ratliff, I will be responsible for all costs of collection monies owed, including court costs, collection agency fee and attorney fees.

At the office of Dr. Sonia Jennings and Dr. Travis Ratliff, we understand that financial problems may affect timely payment, so we encourage you to communicate any such problems with us, so that we may assist you in keeping your account in good standing. If you have any questions, please call (210) 483-8888. **I UNDERSTAND THE ABOVE INFORMATION AND WILL BE RESPONSIBLE FOR MY ACCOUNT.**

X _____
Signature of Patient/Representative

Name of Patient/Representative-Description of personal Representative's Authority

Date: