



JANE R. MAYS, DMD

GENERAL & COSMETIC DENTISTRY

FINANCIAL POLICY

Thank you for choosing the office of Dr. Jane R. Mays as your dental care provider. We are committed to provide 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.

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, American Express and Discover. We can also provide you with the resources to apply for a line of credit through Care Credit and Lending Club. Please ask to speak with our financial coordinator regarding this option. As a courtesy to you, it is the policy of Dr. Jane R. Mays 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 the claim processing.
2. _____ Fees for services, 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 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 mailed directly to you for services billed by Dr. Jane R. Mays, you recognize an obligation to promptly remit payment to the office of Dr. Jane R. Mays. Unpaid balances will incur a \$5.00 billing charge after sixty days.
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 an attorney by Dr. Jane R. Mays, I will be responsible for all costs of collection monies owed, including court costs, collection agency fees, and attorney fees.
5. _____ **Any unpaid balance must be resolved before scheduling your next appointment. Should you arrive for an appointment and there is an unpaid balance, please note we will need to collect the balance owed or your will not be seen for your appointment.**

At the office of Dr. Jane R. Mays, we understand that financial problems may affect timely payments, 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 513-321-1102. I UNDERSTAND THE ABOVE INFORMATION AND WILL BE RESPONSIBLE FOR MY ACCOUNT. PLEASE SIGN

Patient Signature or Patient's Representative

Date