

THOMAS H. PITTS, D.M.D.

COSMETIC, RESTORATIVE
& IMPLANT DENTISTRY

FINANCIAL RESPONSIBILITY

- Payment is expected at the time services are rendered.
- If needed, financing options are available through an independent finance company, based on approval and credit history. Please let us know if you desire this option.
- Should you choose not to finance for dental treatment, we require a percentage of the fee at the time of treatment if we are filing your insurance and a credit card on file. See the treatment plan in this packet for these estimates.
- As a courtesy we are happy to assist you in the filing of your insurance claims if you provide the requested information. We will only accept payment on primary insurance not secondary.
- Insurance contracts are between you and your insurance company. Any charges not covered or paid in full by your insurance company is your responsibility.
- Many insurance plans state that you are covered "up to 80% or up to 100%". In reality most plans cover 50-70% of an average total fee due to co-pays, deductibles and "usual and customary fees" set by the insurance company.
- Insurance companies may state that "fees are above the usual and customary fees". "Usual and customary fees" are determined by the insurance company and do not necessarily represent what local doctors actually charge in the Midlands area.
- If benefits are assigned to our office we will wait thirty (30) days for payment from the insurance company, following which the balance will be due in full.
- If you prefer we can file an "estimate of benefits" with your insurance company. This may take 4-6 weeks to be returned by your insurance company and is no guarantee by your insurance company of payment of benefits.

Finance Charges Effective April 1, 2009

A FINANCE CHARGE WILL BE IMPOSED ON EACH ITEM OF YOUR ACCOUNT THAT HAS NOT BEEN PAID WITHIN SIXTY (60) DAYS OF THE TIME THE ITEM WAS ADDED TO YOUR ACCOUNT. THE FINANCE CHARGE WILL BE COMPUTED AT THE RATE OF ONE PERCENT (1%) PER MONTH OR AN ANNUAL PERCENTAGE RATE OF TWELVE (12%) PERCENT. THE FINANCE CHARGE ON YOUR ACCOUNT IS COMPUTED BY APPLYING THE PERIODIC RATE (1%) TO THE "OVERDUE BALANCE" OF YOUR ACCOUNT. THE "OVERDUE BALANCE" OF YOUR ACCOUNT IS CALCULATED BY TAKING THE BALANCE OWED SIXTY (60) DAYS AGO, AND THEN SUBTRACTING ANY PAYMENTS OR CREDITS APPLIED TO THE ACCOUNT DURING THAT TIME. THE MINIMUM FINANCE CHARGE IS \$.50.

I understand that I am responsible for payment of all fees regardless of my insurance benefits.

Signature: _____ Date: _____

I authorize release of any information necessary to process insurance claims, and I authorize payment directly to Thomas H. Pitts, D.M.D.

Signature: _____ Date: _____

138 LEISURE LANE • COLUMBIA, SC • 29210
PHONE: 803-750-5494 • FAX: 803-750-1444