

OF MEMPHIS

Periodontal, Laser and Dental Implant Therapy

6268 Poplar Avenue: Memphis, TN 38119 · phone 901-761-3770 · toll free 800-824-1628 fax 901-761-3775 www.PerioMem.com Info@PerioMem.com

Roger D. Craddock, D.D.S. Mitchel S. Godat, D.D.S., M.S. Board Certified Periodontist Partners Emeritus: Preston D. Miller, Jr., D.D.S. James R. Ross, D.D.S., M.S.

## **FINANCIAL POLICIES**

## **Payment**

Please read carefully & initial each paragraph verifying the financial policies have been read and understood. Patient or financial responsible party signature is required below indicating a commitment to pay for all account balances.

\_\_\_\_Payment is due in full at the time of treatment unless prior arrangements have been approved. Patient or Financial Responsible Party is liable for any financial arrangements agreed upon.

Patient or Financial Responsible Party will be responsible for finance charges of 1.5% per month which will accrue on account balances 90 days or more. If the account is turned over to a COLLECTION agency, other added fess will include a 35% collection fee (or more depending on collection agency charge), court costs, attorney fees or any other fees associated with the collection process.

## **Dental Insurance**

If you have dental insurance, please initial these paragraphs, sign below & complete DENTAL INSURANCE INFORMATON on the back of this page.

\_\_\_It is the responsibility of the patient or policy holder of the Dental Insurance to contact the Dental Insurance company to determine <u>in or out of network</u> costs for any procedure. For questions about Dental Insurance, the patient or policyholder should always contact the Dental Insurance company first.

Dental Insurance companies do not give Periodontal Associates of Memphis a guarantee of payment, therefore, we can only give you an <u>estimate</u> of what insurance may pay. The patient or policyholder is responsible for all balances not paid by the <u>Dental Insurance Company</u>. The Dental Insurance Company may quote Usual & Customary fees, however, these fees are not the same as nor do they determine our fees.

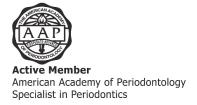
Periodontal Associates of Memphis will file claims to Primary/Secondary Dental Insurance only. The patient or policyholder will be responsible for filing claims to any 3rd party dental insurance.

## Medical Insurance

Periodontal Associates of Memphis will only file claims to Dental Insurance. A financial arrangement will be based on Dental Insurance only. If Health or Medical insurance covers any procedures, it is the responsibility of the patient or policyholder to file the claim.

Signature of Patient or Financially Responsible Party

Date







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Dental Insurance Info/Update

If undating mail to aug address. Daviadantal Assaciates of Mammbia	-~ C1CO Damias Ava Massabia TN 20110 as Fav ta (001) 7C1 277
If updating, mail to our address: Periodontal Associates of Memphis	s" bzba Pobiar Ave. Miembnis. IN Sally of Fax to (901) /b1-5//

Patient Name <u>:</u>	Date	
	PRIMARY DENTAL INSURANCE	
Insurance Company:		
Address	Telephone #	
Group #	ID #	
Policy Holder Name		
Address (if different than pa	atient's)	
	Social Security #	
Employer(If re	Addresstired, list employer & employer address providing your dental insurance)	
	cyholder: (Self)(Spouse)(Child) (Other)	
Signature		
SECONDARY I	DENTAL INSURANCE To be filed when Primary claim is paid or denied	
Insurance Company:		
	Telephone #	
Group #	ID #	
Policy Holder Name		
	atient's)	
	Social Security #	
Employer (If retired, list employer & em	Address ployer address providing your dental insurance.)	
Pt.'s relationship to Polic	cyholder: (Self)(Spouse)(Child) (Other)	
Signature		



