

Mitchel S. Godat, D.D.S., M.S.*
Grant T. King, D.D.S, M.D.S
*Board Certified Periodontist and
Dental Implant Surgeon

Periodontal Associates

OF MEMPHIS

Periodontal, Laser and Dental Implant Therapy

Partners Emeritus
James R. Ross, D.D.S., M.S.*
Preston D. Miller, Jr., D.D.S.
Roger D. Craddock, D.D.S.

6268 Poplar Avenue · Memphis, TN 38119 · phone 901.761.3770 · fax 901.761.3775
www.PerioMem.com · Info@PerioMem.com

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 next page.

___ It is the responsibility of the patient or policy holder of the Dental Insurance to contact the Dental Insurance company to determine in or out of network 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 estimate of what insurance may pay. The patient or policyholder is responsible for all balances not paid by the Dental Insurance Company. 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 and Secondary Dental Insurance. The patient or policyholder will be responsible for filing claims to any other insurance companies.

OR

___ I do not have 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



Active Member
American Academy of Periodontology
Specialist in Periodontics



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DENTAL INSURANCE

Patient Name: _____ Date _____

PRIMARY DENTAL INSURANCE

Insurance Company: _____ Telephone # _____

Group # _____ ID # _____

Policy Holder Name _____

Address (if different than patient's) _____

Date of Birth _____ Social Security # _____

Employer _____

SECONDARY DENTAL INSURANCE

Insurance Company: _____ Telephone # _____

Group # _____ ID # _____

Policy Holder Name _____

Address (if different than patient's) _____

Date of Birth _____ Social Security # _____

Employer _____

Pt.'s relationship to Policyholder: (Self) _____ (Spouse) _____ (Child) _____ (Other) _____

Signature _____



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