

Charles D. McNutt, D.D.S.
Pediatric Dentistry of Greenville, P.A.
410-A Pelham Rd
Greenville, South Carolina 29615
(864) 232-3333

Our Financial Policy

Thank you for choosing us for your dental care provider. We are committed to your being successful.

Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment. All patients must complete our information and insurance form before seeing the doctor.

- Full Payment is due at time of service unless other wise arranged prior to appointment.**
- **We accept Cash, Checks, Visa, Master card, American Express, and Care Credit**

Regarding Insurance:

We cannot bill your insurance unless you give us your insurance information or insurance card. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We do require and appropriate co-payment to be paid at the time of services. The balance is your responsibility whether your insurance company pays or not. In the event we do accept assignment of benefits, you must provide a credit card with authorization to bill the account for the balance. To “accept assignment of benefits” means to accept that portion of your responsibility directly from the insurance company. It does not imply that any insurance company that has not paid your account in full within 45days, the balance will automatically be transferred to your credit card, unless other arrangements are made. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not portion of the family account with this office is unpaid, the responsible party and/or insurance policy holder does hereby assign any and all insurance benefits directly to the provider.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company’s arbitrary determination of usual and customary rates.

Minor Patients:

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan.

Appointment Cancellations:

Please help us serve you better by keeping scheduled appointments in timely fashion. At least 48 hours advanced notice in canceling appreciated. If proper notice is not given, an office fee will be charged.

Thank you for understanding our Financial Policy. Please let us know if you have any questions of concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy, which includes direct payment of benefits to the provider.

X _____
SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

X _____
PATIENT’S NAME

X _____
WITNESS

X _____
DATE