## AUGUSTA DENTAL ASSOCIATES 1218 Augusta West Parkway AUGUSTA, GA 30909

## SUMMARY OF FINANCIAL POLICIES

Insurance:  We accept many major insurance carriers and are happy to fil you. If you have any questions about your specific plan please let us now and to assist you. Please note that we will do our best to estimate insurance bene your visit. However, due to the tremendous amount of variation between plans only way to know what the insurance will pay is through a pre-determination.	I we will be happy fits at the time of
Payment:  For your convenience, we accept Visa, Mastercard, and Disco cards. We do offer a 5% discount on balances paid in full with cash at the time.  Note: for patients with Dental Insurance we can only apply this discount if you amount due at the time of service and then file the insurance claim yourself fo Additionally, we offer financing through two companies: Care Credit and Citil one of the front office staff for more information on applying for financing. We payment plans you wish to arrange with us be discussed in advance of your tree.	e of service ( <b>Please</b> pay the entire r reimbursement). <b>Health</b> . Please see do request that any
Appointments: Your appointment time is reserved specifically for you and we every effort to arrive on time. If you do need to cancel, we require a 24 hour n cancellation. Any appointment no-shows or cancellations with less than 24 hor result in a \$50 charge to your account.	otice of
I understand that all fees incurred by my dependents or myself regardle coverage, is my responsibility and I will be liable for payment of these of	
Signature of Guarantor of Account	Date