



Kani Louise Nicolls, D.D.S., P.A.

Because Smiles Change Lives...

167 East Chestnut Street Asheville, NC 28801 Phone: 828-251-2426

FINANCIAL POLICY

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve that allows you to enjoy a healthy, beautiful smile with respect to your budget.

FINANCIAL AGREEMENT:

We are committed to providing you with the highest quality of care. Our fees are a reflection of the quality of care we provide.

We accept Cash, VISA, Master Card, Discover and American Express. We have also partnered with a third-party, Care Credit, to offer the flexibility of deferred interest, extended payment, and monthly payments options

All of our fees or copays are expected at the time treatment is rendered.

The parent or guardian who accompanies a child to our office for treatment is responsible for payment of services rendered.

INSURANCE:

Dental insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. The filing of insurance claims is a courtesy that we extend.

It is your responsibility to understand the type of dental insurance you have and the benefits selected by you and/or your employer. Not all services are a covered benefit in all contracts.

Most insurance plans are not designed to pay the entire fee. Many policies have deductibles and copayment clauses that limit their liability. Therefore, owing to the complexity of insurance contracts, we can only estimate in good faith, not guarantee coverage or benefits.

Please contact your insurance carrier prior to your visit to obtain essential information which will accurately reflect your coverage. This information, as well as a detailed breakdown of your dental benefits, is also available on the website listed on your insurance card. Providing us with this information will expedite the processing of claims.

If you have a direct reimbursement policy, payment in full is expected on the day of service and your dental plan will reimburse you. BCBS of NC and Delta Dental will pay you, not our office, so payment in full is expected on the day of treatment with these policies.

If your insurance coverage changes, it is your responsibility to notify our office.

Your estimated patient portion must be paid at the time of service.

APPOINTMENTS:

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We require at least 24 hour notice for any cancelled appointment. After 3 missed appointments or cancelled appointments we reserve the right to place you on a short call list, which means we will phone you when an appointment time becomes available on short notice. This gives you the opportunity to know if your busy schedule has an opening for a dental appointment within the next few hours.

Check policy: If your check is returned for any reason, we will expect payment for the amount of the check plus a processing fee of \$25.00

I have read, understand and agree to the above financial arrangements policy and agree to indemnify Kani Louise Nicolls, DDS, for all expenses that may be incurred in order to enforce collection of any amount due under this agreement. Patient also agrees to pay reasonable attorney's fees and court cost incurred in such collection.

Patient or Responsible Party: _____ Date: _____