



www.zervosandearwood.com
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Office and Financial Policies

We would like to thank you for choosing our practice for your dental needs. To keep you informed of our current office and financial policies, we ask that you read and sign our financial acknowledgement prior to any treatment.

On an annual basis, we will request that you update your demographic information by filling out a new registration form. We will inquire about your insurance and ask to see your insurance cards. Please note that we cannot file insurance for your services unless we have information that is current and correct. Although this is often regarded as an inconvenience to you, we have found that it is now a necessity due to frequent changes in carriers and necessary information.

Financial Assignment and Agreements

- I request payment of authorized insurance benefits be made on my behalf to my dentist for any services furnished. I authorize any holder of medical information about me to release to any other insurance carrier I may have, any information needed to determine these benefits of the benefits payable for related services. The assignment will remain in effect until revoked by me in writing.
- I understand that I am financially responsible for all charges not covered by insurance. Your insurance is a contract between you and your insurance company, not our office. If your insurance will not pay us directly, you will be required to pay your balance in full on the day services are rendered. We will still file your insurance as a courtesy. Co pays, coinsurance amounts, deductibles are payable at the time services are rendered. We will collect 50% of the fee for crowns/ bridges at the time of service. We will provide you with an estimate of treatment. However, this is only an estimate and treatment may change. You will be held responsible for our fee and not only what insurance pays.
- We offer financing options and we will be happy to help you complete the application.
- I understand I will be charged \$35 for a missed appointment unless I give 24 hours notice to either cancel or reschedule the appointment.
- I understand there is a \$25 service charge for returned checks.
- I understand that if my account balance becomes past due and is sent to an outside collection agency, I will be responsible for any additional fees incurred.
- The adult or guardian accompanying the minor is responsible for payment of the minor patients account regardless of whose name is listed as the insurance policy holder. For unaccompanied minors, non-emergency treatment can be denied until a parent or guardian is present or we have written permission for treatment.

Acknowledgement-Notice of Privacy Practices

I hereby acknowledge that a copy of Zervos & Earwood's Notice of Privacy Practices has been made available to me to review and that a copy is available at me request.

I authorize Zervos & Earwood DDS, PA. to communicate with me by phone, answering machine, letter, email, or text at home or business regarding appointments, care or billing.

Print Name:

Signature:

Date:
