

Harry M. Suekert, DDS, PLLC
3500 Ringgold Rd.
Chattanooga, TN 37412
423-698-8651

DENTAL INSURANCE /PRIVATE PAY/FINANCIAL POLICY

We are committed to providing you with the finest and most comprehensive dental care and services available today. If you have dental insurance we are eager to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

INSURANCE

We will be happy to process your insurance claim, estimate your deductible and the portion not covered by your insurance. The estimated amount not covered by your insurance is due at the time of treatment and may be paid by any one of the following methods; Cash, Check, Visa/MasterCard, Discover and CareCredit, a dental credit card. Our estimates are subject to final approval by your insurance company; therefore, the amount due to our office is subject to change. If your insurance doesn't pay, you will be responsible for your entire balance.

Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. Not all dental services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as dental care providers our relationship is with you, not your insurance company. Filing of insurance claims is a courtesy that we extend to all our patients, but all charges are your responsibility from the date the services are rendered. We will gladly discuss your proposed treatment and answer any questions relating to your insurance. Any treatment plan exceeding \$200.00 will require a written financial agreement.

PRIVATE PAY OPTIONS

Payment for services is due at time services are rendered and may be paid by any one of the following methods; Cash, Check, Visa/MasterCard, Discover and CareCredit. Returned checks are subject to a \$35.00 NSF fee.

Divorced parents bringing a child to an appointment are solely responsible for all fees incurred during each visit. Parents will not be billed separately.

DENTAL APPOINTMENTS

We have convenient office hours to serve our patients and we reserve appointment time exclusively for each patient. We will work with you to schedule appointments that maximize your care in the shortest number of appointments. The focus of the doctor and the hygienist is only on that patient's care and the time allowed is very important.

I am sure you understand we must have guidelines regarding cancellations. Please allow us ***48 hours notice*** if you need to change or cancel your dental appointment. This will allow us to schedule other patients who are waiting for necessary treatment. Without proper notice, if you miss three consecutive appointments you will be required to pre-pay for future appointments. Your pre-payment will be non-refundable if you are unable to keep your scheduled appointment, and we may request that you only schedule same day appointments thereafter. More importantly, we hope you can keep your scheduled appointments so that together we can complete your necessary dentistry.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask. We are here to help you.

If in the event your account becomes delinquent due to payment default, you may be subject to collection fees. We do report all delinquent accounts to the National Credit Bureaus.

For insurance claims I hereby authorize and direct payment of benefits otherwise payable to me, directly to Harry M. Suekert, DDS, PLLC.

I have read and understand the above financial policy and accept responsibility for the fees for any professional services rendered.

Signature _____ Date _____