



Taneyhill & Mandras, LLC
Cosmetic & Restorative Family Dentistry

WELCOME TO OUR OFFICE!

Thank you for selecting us to care for your dental needs. We are committed to your dental care and needs. It is our belief that all people who entrust their oral health to us want and deserve the finest dental care that we are capable of providing. In an effort to maintain this, the following financial policy must be followed.

Patients With Insurance

We will be happy to file all claims as a courtesy. If necessary, we will send a predetermination of benefits to your insurance company. This will state how much the insurance will cover and how much your responsibility will be. At the time of service patients must pay their deductibles and estimated copays. **Some insurance companies send payments for services rendered directly to the insured. All patients of these insurance companies are required to pay the full amount at the time the services are rendered.**

Patients Without Insurance

We will be happy to provide you with a treatment estimate of costs. Unless otherwise stated, all fees are due at the time of service. In the instance that the procedure requires lab fabrication prosthesis, ½ of the total fee for the procedure is due at initial visit and the remainder is due upon insertion.

Secondary Claims

We will file secondary claims for anyone who has a second insurance.

Forms of payment accepted

For your convenience we accept cash, check, Visa, MasterCard and Discover. We are also able to offer payment plans through Care Credit with proper credit approval. With Care Credit you can finance 100% of your dental care and there are no upfront costs, no annual fees, and no pre-payment penalties. Care Credit offers a full range of payment plans so you can find one that works best you. Some of the plans are at no interest if the balance is paid within the specified time period.

Collection Fees

There is a \$30.00 fee charged for all returned checks. Account balances older than 30 days are subject to a finance charge of 1 ½ % per month. Any balances older than 90 days will be forwarded to collections and subject to additional fees, including but not limited to, attorneys fees, court cost and other fees assessed for the collection of the debt.

SIGNATURE REQUIRED ON PAGE 2 (please retain this sheet for future reference).



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Professional appointment times are very valuable. Please remember that once an appointment has been made, that time has been reserved specifically for you. Our office tries to accommodate the busy schedules of our patients. We understand that emergencies and unforeseen situations occur. However; if possible we ask that you be considerate of others and our staff by informing the office, at least twenty- four (24) hours in advance, if you will be unable to keep your appointment. We reserve, at our digression, the right to impose a \$50.00 missed appointment fee if a 24-hour notice is not given. The office reserves the right to terminate professional treatment of any patient who continually fails to keep scheduled appointments.

Signature of Patient _____
Date _____