



Denise Allen Brown, D.M.D.
Payment and Financial Policy

Dr. Denise Brown and her staff believe that you deserve the best care. That is why we always present you with the best dental solution to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits, but some do not. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know

Your dental benefits are based upon a contract made between your employer and an insurance company. **If you have any questions regarding your dental benefits, please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.**

We currently accept all private care insurance plans (plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for service). This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have; but it is **ONLY AN ESTIMATE**. If you would like to know your exact insurance benefits, we will be happy to file a "pretreatment authorization" with your insurance company prior to treatment. This does delay treatment but will give you the exact of pocket figures you may require.

We bill your **insurance** as a **courtesy**. If insurance does not pay within 90 days, we reserve the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare, but it is important that you recognize that the insurance you have **is a legal contract between YOU and your insurance company**. Our office is not, and cannot be a part of that legal contract. **Ultimately, you are responsible for all charges incurred in our office.**

We require **payment in full for your portion at the time of service**. We accept MasterCard, Visa, and American Express credit cards as well as cash and checks (for existing patients with established payment history). If a check is returned unpaid, a fee of \$40 will be charged to your account. On all major restorative cases, at least 50% of the fee is due when we start treatment and the balance is due at time of insertion or presentation. Statements sent with balances more than **30** days will include a **\$5.00 billing charge per statement**.

Unless other written agreements are negotiated, we will assign you responsible for all costs of collecting monies that are owed past 90 days of service. At this time, your account will turned over to our collection agency. **A fee of 40% of your balance** will added to your account for **collection agency fees**.

If you share our belief in quality dentistry – then we'll find a way to make it a part of your life.

I understand and agree to the above:

Print: _____ Signed: _____ Date: _____

Denise Allen Brown, DMD

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