

Thank you for choosing Gary S Jones DDS and Ashley Collins DDS. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

INSURANCE:

Insurance is an agreement between you and your insurance company. You are responsible for knowing your policy information, terms, and benefits including exclusions and waiting periods. You are responsible for any co-insurance, deductibles, or non-covered services not paid by your insurance. Any information regarding benefits that we receive from your insurance company is NOT a guarantee of payment. Payment of claims is determined once the claim is received at your insurance office. As a courtesy to you, we will gladly file your dental insurance.

We work with most insurance plans, however, we are not in network with all plans. At the time of your visit, we may ask you to pay an ESTIMATED portion that insurance may not cover. Keep in mind that we will do our best to estimate this portion, however, if there is a balance due after insurance pays, you are responsible to pay our practice that balance. You will receive a statement from our office indicating what your insurance has paid. Any balance remaining is due upon receipt.

You will always be responsible for all charges incurred. If we do not receive payment from your insurance carrier within 90 days, the claim will be closed and you will be responsible for payment of any unpaid treatment fees. You will then be responsible for collecting payment from your insurance company.

By signing below you authorize Drs. Jones & Collins to file your dental insurance and release payment to this office.

PAYMENT OPTIONS:

We accept the following forms of payment: Cash, Check, Visa, MasterCard, American Express, Discover, & NO INTEREST¹ Payment Plans² from CareCredit

Please note: Gary S Jones, DDS, PA & Ashley Collins, DDS requires payment prior to the beginning of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

For plans requiring multiple appointments, alternative payment arrangements may be provided.

Gary S Jones, DDS, PA & Ashley Collins, DDS charges \$20 for returned checks.

PRIVACY POLICY

It is our goal to keep your information private and will do so as required by law. You are entitled to a copy of our Privacy Policy. If you would like a copy of our Privacy Policy please ask someone in the front office.

rlease list any persons that you wish to have access to your medical records & account information, including treatment & billing questions:		
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Records Release: There are times that we may need to send your records to a s signing below you give permission for such release.	pecialist or to a Dentist/Doctor of your choice or an insurance compa	ıy. By
By signing below, you attest that you have been made aware of the financial poli release your records when necessary.	cies and privacy policies of Drs. Jones and Collins and also give perr	nission
Signature - Patient, Parent or Guardian	Date	
Patient Name (Please Print)		

1lf paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required. ²Subject to credit approval

Revised: 10/19/15