

Mayhew Family Dentistry  
Dr. Emily Mayhew, Dr. Ted Smith, Dr. John Mayhew  
Financial Policy

We appreciate the opportunity to serve you! We've found that a clear understanding of our financial policy in advance of dental care helps to relieve some of the anxiety associated with dental visits. Please read the following carefully and ask us any questions you might have. We will do our best to answer them for you.

- **Patients without insurance coverage need to know...**  
The fee for the treatment rendered must be paid in full on the day of service.
- **Patients with insurance coverage need to know...**  
The estimated patient co-pay and deductible for the treatment rendered must be paid in full on the day of service. Please understand that you are ultimately responsible for all fees generated by your treatment. See Insurance Policy.
- **We accept cash, checks, Visa, Mastercard, Discover, Care Credit for payment of the amount due.**

### Payment for Services

- **Payment is expected at the time of your services.** If you have dental insurance, we will provide an *estimate* of your co-payment and collect your portion at the time of your appointment. We accept cash, checks, Visa, MasterCard, Discover and Care Credit.
- **A late fee of 1.5% will be assessed monthly to accounts after 60 days.** Any unpaid balance over 90 days will be considered delinquent and turned over to a collection agency, with an additional 30% collection fee. If any other fees are incurred in the process of collecting your balance, you will be charged accordingly. Returned check fee is \$35.00.
- If your account is more than 60 days overdue, you will be required to pay your balance before any more appointments can be scheduled or more treatment is rendered.

### Children and Dependents

- Please plan to be present at appointments with your child under 18. If you cannot be there, please make prior arrangements with our staff.
- If your child is a dependent on your insurance, over the age of 18, and you will **not** be accompanying him/her to the appointment, please send payment along with your child or call with a card number while they are here. We can mail a receipt to you upon request.

I, \_\_\_\_\_ have read, understand, and agree to the above stated financial policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TURN PAGE OVER**