

OFFICE POLIC FOR PATIENTS
SALMONS FAMILY DENTISTRY
4329 Ball Camp Pike, Knoxville, TN 37921
865-521-7707 phone; 865-521-0904 fax office@salmonsdds.com

We are committed to providing you with the best possible care. In order to do this, we need your assistance and your understanding of our payment policy. By signing below I understand the following:

INSURANCE:

Even though I may have insurance, I am responsible for any balance after insurance processes my claim. I am responsible for my balance regardless of my insurance. It is my responsibility to be aware of what services are covered by my insurance, and I agree to pay for any service deemed to be non covered or not authorized by my insurance plan. I assign dental benefit payments to be paid directly to Dr. Salmons from my insurance company.

TREATMENT:

I give permission for my dentist and his clinical team to take any necessary x-rays, photos or study models to enable complete diagnosis and treatment. I also understand that during the course of the treatment it may be necessary to modify the planned treatment.

PAYMENT:

Payment is expected at the time of service. I will receive a statement every month until my balance is zero. If it has been over 30 days since my treatment was completed and my statement does not reflect that my insurance has paid, I should call Dr. Salmons' office or my insurance company to check on my claim. If my account remains unpaid after 90 days, Dr. Salmons will begin various collection activities including, but not limited by submitting the past due account to a collection agency and a fee of **35% of my balance will be added to my account** to cover the collection agencies fees. At that time the decision could be made to terminate the doctor/patient relationship. There may be a \$20 charge for returned checks. For your convenience we accept check, cash, Visa, MasterCard, American Express, Discover, and Care Credit.

It is considered illegal and unethical by the American Dental Association to charge a higher fee to patients who have insurance than to patients without insurance.

PATIENT SIGNATURE

DATE