



535 Newnan Street, Carrollton, GA 30117 (770) 834-6663

FINANCIAL POLICY

- Payment is required day of service.
- We do not provide any in-house payment plans. We do accept Care Credit.
- Insurance company payments are accepted, however:
 - Your estimated patient portion is due when services are rendered
 - Your deductible must be covered when your plan calls for it
 - If we do not have the information on your deductible, we will assume it is a \$50.00 deductible and will be collected for basic and major restorative (typically not for routine cleanings and x-rays - however, some insurance plans have started to apply the deductible to diagnostic services)
- **If your insurance company does not pay for their portion after 90 days, the patient or guardian is responsible for the balance.**
- If you are more than 15 minutes late to your appointment, the appointment will have to be rescheduled.
- There is a \$50.00 broken/missed appointment fee if a 24 hour notice is not given in advanced.
- There is a \$30.00 returned check fee.
- Anyone under the age of 18 **MUST** be accompanied by a parent to every appointment unless there is pre-approval by Dr. Balega.

** By signing this document you understand that we only file to your insurance as a courtesy and that your out-of-pocket cost is only an estimate and not a guarantee of payment or benefit.

Please ask the front office if you have any questions regarding this policy. We feel a clear understanding now will prevent any misunderstanding in the future. Copies of this policy are available upon request.

Patient or
Legal Guardian Signature: _____

Date: ____/____/____