Pollard Dental

Family and Cosmetic Dentistry

Payment Options

Pollard Dental strives to offer convenient payment options while at the same time maintaining the high standard of comprehensive dental care that our patients deserve. At the onset of your treatment, if requested, we will provide you with an estimate of your total treatment costs. Please understand that this will only be an estimate. Should the need for additional treatment arise during the course of the original treatment plan, the fees could change. Be assured that we will obtain your approval prior to proceeding with the treatment, and if requested, we will notify you of fee changes.

Patients who carry dental insurance understand that all dental services furnished are charged to the patient and that he or she is responsible for payment of all dental services. As a courtesy, we are happy to bill your dental plan for services. If you have a secondary insurance, it is your responsibility to provide them with a copy of the amount your primary insurance company paid. *Please remember that the contract itemizing your dental benefits is between you, your employer, and your insurance carrier. Regardless of coverage, your estimated co-payment is due in full the day of treatment unless payments arrangements have been made prior to starting your dental treatment. If your dental plan does not pay within 60 days of treatment, you must pay any outstanding balance and seek reimbursement from your dental plan*. If your dental plan pays more than expected, you will receive a refund check. Also, remember that dental insurance plans are not designed to cover all of your dental needs; rather the amount your plan contributes toward your dental care is based on the plan selected and purchased by you and/or your employer.

Our goal is to help you afford your dental choices. As a condition of your treatment by this office, financial arrangements must be made in advance. Please take a moment to review the financial options offered:

⇨Payment is due in full on the day of treatment. If you have dental insurance, your estimated co-payment is required at the time of treatment. You may use your personal check, credit or debit card to make payment.

⇨We are pleased to offer our patients an extended monthly payment plan option through Care Credit, a dental financing company. Please see our front office staff for details and to receive an application.

⇨All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for in cash at the time services are performed.

A service charge of 1% per month (12% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied.

I understand that fee estimates for dental care can only be extended for 90 days from the date of the patient examination and payment arrangements need to be made for each individual treatment plan provided to me.

Consent for Services

I have reviewed the payment options listed above and insurance information provided by me. I accept full financial responsibility for this account and for all dentistry performed upon my dependents in this dental office. I understand that it is up to me to confirm my insurance eligibility, waiting periods, and benefits. I also understand that this office cannot guarantee my insurance status in any of these areas. Any insurance estimate or information given to me by this office is not a guarantee of actual insurance payment. I also understand that any insurance claim not paid in full after 60 days will become my responsibility to pay at that time.

I hereby authorize payment of the dental benefits from my insurance company to be paid directly to Dr. Pollard. I grant my permission to you or your assignee, to telephone me at home or at my work to discuss matters related to this form.

I have read the above conditions of treatment and payment and agree to their content.

_____ Date:_____ Relationship to Patient: _____

Signature of patient, parent or guardian

PLEASE COMPLETE THE REVERSE SIDE