Craig L. Meadows, DDS, PLLC
Practice Limited to Periodontics
111 Tavern Road, Martinsburg, WV 25401
(304) 267-3928 fax (304) 267-4618

FINANCIAL POLICY

This is an agreement between Craig L. Meadows, DDS, as creditor, and the Patient/Debtor named on this form.

In this agreement the words "you", "your", and "yours" mean the Patient/Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we", "us" and "our" refer to Craig L. Meadows, DDS.

Our mission is to deliver the finest most cost effective periodontal care today. Payment for today's visit and future visits are due at the time of treatment. We are sensitive to the fact that many of our patients may not be able to pay cash for their treatment; therefore we offer several options for your convenience.

By executing this agreement, you are agreeing to pay for all services that are received. All new patients are required to pay in full for the first initial visit. If you have insurance, your insurance will be submitted to reimburse you directly.

Please indicate below which options you choose:

- ❑ 1. I elect to pay cash or check as treatment progresses (I understand this office offers a five percent (5%) courtesy on all fees over $300 <u>if paid in full</u> on the day of service). {This does not include check cards or debit cards.}
- ❑ 2. I elect to pay with Care Credit, a flexible payment program with plans available with no interest. I understand that I must have the application completed and returned to the office at least one week prior to any treatment appointment.
- ❑ 3. I elect to pay Visa, MasterCard, American Express, or Discover as treatment progresses.

Patient's Name: _____

Responsible party
(if not the patient): _____

Signature: _____ Date: _____

Co-signature
(if required): _____ Date: _____

**** A copy of this financial policy is available for your records upon request. ****

continued on reverse

Monthly Statements: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

Payments: Unless we approve other arrangements in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the 5th of the month.

Required payments: Any co-payments required by an insurance company must be paid at the time of service.

Insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract. We will bill your primary insurance company as a courtesy to you. If your insurance company does not respond within ninety- (90) days, you are responsible for the remaining balance. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determinations of your eligibility. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or pre-authorization may result in a lower payment from the insurance company.

If your insurance company does not accept assignment of benefits, payment will be expected in full on the date of treatment.

Medicare and Medicaid: If you are a Medicare or Medicaid patient, you must sign a waiver stating that you understand that we cannot file any charges to them and neither can you, the patient. Dr. Meadows opted out of those programs due to the high cost of filing government claims and the increased liability.

Co-signature: If another person signs this or another Financial Policy, that co-signature remains in effect until cancelled in writing. If written cancellation is received, it becomes effective with any subsequent charges.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Finance Charge: A finance charge will be imposed on each item of your account, which has not been paid within ninety- (90) days of the time the item was added to the account.

The FINANCE CHARGE will be computed at the rate of one and a half percent (1.5%) per month or an ANNUAL PERCENTAGE RATE of eighteen percent (18%). The finance charge on your account is computed by applying the periodic rate (1.5%) to the "overdue balance" of your account. The "overdue balance" of your account is calculated by taking the balance owed ninety- (90) days ago and then subtracting any payments or credits to the account during that time.

Returned checks: There is a fee (currently $25) for any checks returned by the bank.

Missed appointment fee: The second time a patient does not show up on time for an appointment, or cancels with less than 24 hours notice, a $20 fee will be charged. This fee must be paid before a new appointment is scheduled. Patients with three missed appointments will be asked to transfer their records to another doctor.

Waiver of confidentially: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.