



Horace K. Wood, DMD, PA
Oral & Maxillofacial Surgery

FINANCIAL POLICY

We currently accept CASH, CHECKS, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER AND CARE CREDIT. WE DO NOT OFFER PERSONAL PAYMENT PLANS.

I understand there may be a minimum charge of \$50 for broken appointments without 24 hours notice.

I authorize assignment of benefits where applicable. If payment has not been received from the insurance company within 30 days of the date of service, I will accept full responsibility for payment in full within 30 days of notification.

All emergency dental services must be paid at time of service.

Patients, or Responsible Parties, are responsible for all fees incurred regardless of dental insurance. We do participate with a limited number of insurance companies. All copayments and deductibles are due at time of service. If you have insurance that we do not participate with, all payments are due at time of service. We will, as a courtesy, file your insurance claim.

A service charge of 1 ½% per month (18% per annum), minimum of \$5.00, on the unpaid balance will be charged on all accounts exceeding 60 days.

I accept full responsibility for any legal or collection agency fees (currently 35%) should my account become delinquent.

I grant my permission for you, or your assignee, to telephone me at home, cell, or my work to discuss matters related to this form.