



palmetto SMILES

Pediatric, Orthodontic, and Family Dentistry

Richard L. Cross, Jr., D.D.S.

Kevin M. Raines, D.M.D.

Jamie Cross Gomez, D.M.D.

Robert H. Nieders, D.M.D.

Heather S. Hopkins, D.M.D., M.S.

139 Whiteford Way
Lexington, SC 29072
(803) 951-9100

Fax Line (803) 951-1910
www.palmetto-smiles.com

OFFICE POLICIES

DENTAL INSURANCE:

Please note that **we are not a participating or contracted provider** with **any** insurance company. As a courtesy to our patients, we will only **file your primary insurance** based on the information you provide. We are equipped to file your claims electronically, which accelerates payment. Most plans only cover a portion of the dental fee, which means you, will be responsible for your deductible and the portion we estimate your plan will not cover. Payment of your estimated portion is expected at the time you are in our office for dental care. **Please note that any deductibles or co-payments are strictly an ESTIMATE and it is possible that a balance may remain after your insurance pays.** Some, or perhaps all, of the services provided may be non-covered services and not considered for payment by your dental plan. We do not base our treatment recommendations on the benefits of any insurance policy, but solely upon the dental health needs of our patients.

I understand that I am responsible for payment of service provided by Palmetto Smiles and that they will file my claims ONE time as a courtesy to me. If my insurance company rejects my claims for any reason, I will immediately pay any balance in full.

PAYMENT OPTIONS:

For your convenience, we accept VISA, MasterCard, Discover, American Express and personal checks. We also have several resources for payment options available to help you begin treatment as soon as possible. Please see our Financial Coordinator prior to your appointment if you need assistance.

APPOINTMENTS:

Our appointments are scheduled to respect your time. We reserve a specific time for your care and we make every effort to see you at that appointed time. We appreciate your promptness and consideration in not changing your scheduled time. If you do find it necessary to reschedule your appointment, please extend to us at least a **24-hour notice**; otherwise, there will be a \$50.00 charge for a broken appointment. **Also, if your arrival is more than 10 minutes beyond your reserved time, we may need to reschedule your appointment.**

DIVORCE OR CUSTODY CASES: the parent or guardian **who brings the patient** into our office will be held financially responsible, regardless of the provisions in the divorce decree, or who has custody, or who has the insurance.

Thank you for your cooperation. Please let us know if you have any concerns or questions. We are here to assist you. Please sign below to indicate you have read and understand our policies.

Responsible Party

Date