

Clarion Dental Care, LLC
Jeremy Jewell, D.M.D.
22808 Route 68
Clarion, PA 16214
(814) 223-9968

Financial Policy

Payment:

Payment is expected when services are rendered, unless prior arrangements have been made. We do have some financing options available to those who qualify. These plans allow you to have a low monthly payment and some plans offer interest free financing.

Insurance:

Insurance is a contract between you and your insurance company. We are not a party to this contract. We will bill your insurance carrier as a courtesy to you. We submit your claim electronically and most insurance companies reimburse within a few weeks. Please do not hesitate to contact our office if you do not receive any statements from your insurance company within 3 weeks. We do accept a few insurance companies, however, it is your responsibility to make sure that we are a provider with your insurance, and that you are eligible when the services are rendered.

Returned check fee: There is a \$25.00 fee for any check returned to us by your bank.

Please be courteous and notify our office 48-hours prior to appointment if you need to cancel or reschedule your appointment.

Missed appointment fee: A \$25.00 fee will be charged to your account if you miss an appointment without a 24-hour notice. This fee must be paid before a new appointment is scheduled. Patients with missed appointments will be asked to transfer their records to another dentist.

Records: We reserve the right to hold your records until any unpaid balances on the account are paid in full.

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

Worker's Compensation: We require a written approval/authorization by your employer and/or workers compensation carrier prior to your initial visit. If your claim is denied, you are responsible for payment in full.

Monthly Statement: A billing charge of \$25.00 will be added to all accounts over 60 days old, and each month after that on the 15th of each month. This will also appear on the statement.

Patient's name: _____

Signature of patient or responsible party _____ Date: _____