



RAVENEL PERIODONTICS, PA
 Dr. Lisa Ravenel
 1130 E Butler Rd
 Greenville, SC 29607

Financial Policy

ESTIMATED SERVICES

Your estimated periodontal treatment plan will be based on your initial examination. Your plan will be derived from the available diagnostic aids and will be an estimation of the procedures necessary for the improvement of your dental health. Since not all conditions may be clearly evident during your initial exam, any unforeseen problems may require an adjustment to your treatment plan and payment arrangements. You will be consulted before any additional treatment is undertaken. This estimate will be honored provided treatment is completed within twelve months of the date of consultation.

OFFICE HOURS

The Business Office is open Monday through Thursday from 8:30 am to 5:00 pm, and Friday's from 9:00 am to 2:00 pm. We are open for patient care on Tuesday through Thursday from 8:30 am to 5:00 pm and every other Friday for surgical cases only from 9:00 am to 2:00 pm.

APPOINTMENTS

We realize that your time is valuable, and in order to minimize waiting, we reserve appointment times specifically for you. We ask that you show us the same courtesy. Each time we make an appointment, you will receive a form of confirmation showing the date and time scheduled. If you are unable to keep your appointment, please notify the office at least 48 hours prior to your appointment. Surgery appointments require five business days' notice. Please remember, we do not take cancellations after business hours.

INSURANCE

Much confusion exists regarding dental payments. Your dental insurance plan is a contract between you and your insurance company. Because the terms of all plans and policies differ, you should be familiar with the specific terms of your policy. Although the filing of insurance claims is offered as a courtesy that we extend to our patients' reimbursement, please understand that the payment of all fees is your responsibility. The payment of fees is an obligation of the patient, whether or not the insurance company ultimately reimburses the patient. We will, of course, use all resources available to assist you in seeking reimbursement to the fullest extent permitted under your policy.

FINANCIAL

We require payment in full at the time of service unless a formal payment arrangement has been established. Accounts without a payment plan agreement that have a balance over 60 days will be considered overdue. These accounts are due immediately, regardless of prior arrangements. Returned checks will be subject to an administration fee of \$30. The patient, parent and/or guardian shall be responsible for payment of all procedures performed in this office, including any treatment not covered by insurance. Any account more than 90 days overdue will be sent to a collection agency. These accounts will be subject to an additional fee of 30% of the overdue balance in order to cover the costs incurred by the collection agency. Our surgery cancellation policy will be reviewed at the time of your treatment consultation.

CONSENT

I certify that I have read, understand, and agree to these terms and that I have been given a copy of this financial policy.

Patient Name

Patient or Guardian Signature

Witness Signature

Date