

Aaron Payne DDS
745 South Church Street
Suite 309
Murfreesboro, TN 37130
(615) 895-8577

Our Financial Policy

Thank you for choosing Dr. Aaron Payne, DDS as your dental health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy which we require you read and sign prior to any treatment.

Full payment is due at time of service for all non insured patients. Patients with insurance are required to pay all deductibles and co pays at time of treatment.

WE ACCEPT: CASH, CHECK, MASTERCARD, VISA, DISCOVER, AND AMERICAN EXPRESS.

We also accept CARE CREDIT. You may qualify for CARE CREDIT and get up to 18 months of zero interest financing for your dental care payments.

Regarding Insurance:

Your insurance policy is a contract between you and your insurance company. If your insurance company has not paid your claim within 90 days, full payment is expected. Please be aware that most insurance plans have only a \$1,000 annual maximum and it is your responsibility to keep up with the amount of insurance that has been used.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary in our area.

Minor Patients:

The adult accompanying a minor, or guardians of the minor are responsible for full payment.

Missed Appointments:

Unless a 24 hour notice is given in advance, there will be a \$40.00 missed appointment fee. Please remember that we scheduled your time with us just for you. If you do not come to your appointment, three people lose: 1) You the patient do not receive the treatment you need 2) We lose due to the fact that we cannot fill in your lost time with anyone else, and 3) The patient who needs treatment immediately and cannot be seen due to a full schedule loses because of the appointment reserved for you. Please help us serve you better by keeping your appointment.

Interest:

We reserve the right to charge interest in the amount of 1.5% MPR per statement as provided by state law. We also reserve the right to charge for all attorney fees or collection agency fees that are incurred. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy:

X _____ Date _____
Signature of patient or Responsible Party