

Thomas S. Turry, D.D.S., PA

PAYMENT POLICY

Welcome to our office. Please read the following carefully and sign below.

All charges are due and payable at the time of service. If you cannot pay the balance in full, you must make arrangements for an extended payment plan. You are responsible for payment of your account.

If you have insurance coverage, we are happy to file your insurance claim. However, we must emphasize that as dental care providers our relationship is with you, not your insurance company. Your insurance carrier may pay less than the actual bill. Your payment should begin with the first billing you receive from us after the insurance response. All charges are your responsibility from the date the services are rendered.

If a problem arises that may affect timely payment on your account with this office, we encourage you to contact us promptly so that we may be of assistance in the management of your account.

*Please Note:

In the event of a default on payment, responsible party will pay collection costs and reasonable attorney fees incurred on collection of this amount and any future outstanding balances.

Your cooperation is greatly appreciated.

Authorization, Release, and Agreement to pay for Services Rendered:

I authorize the dentist to release or discuss any information regarding the diagnosis and treatment rendered to me by the dentist to third party payers and/or health practitioners.

I agree to be responsible for payment of all services rendered to me or on behalf of my dependents. If I have insurance, I authorize and hereby request my insurance company to pay directly to the dentist insurance benefits otherwise payable to me. I understand that my dental insurance may not pay on this bill, or may pay less than the actual bill for services.

Signature _____ Date: _____

Patient(s) name(s) _____