

Dr. David W. Harr
Important Information for Our Patients

Terms of Payment

The following is a guide to the terms of payment we accept. We are committed to working with you to match a payment plan to your needs; therefore we offer different options to our patients, which allows for payment to be convenient and flexible. We are available to answer any questions you may have.

Dental Insurance

We will gladly assist you with your dental insurance plan. To help us assist you in obtaining your maximum benefit, please **bring your insurance explanation of benefits booklet and your insurance card to your visit**. Our office is a preferred provider for Delta Dental, Guardian Dentalguard, Cigna, Blue Cross and Blue Shield. Once your plan coverage has been verified, we will accept assignment of benefits from your insurance plan. However most plans cover only a portion of the dental fee, therefore as a courtesy to our patients we will file your primary insurance for you but we ask that you pay your deductible and the portion we estimate your plan will not cover at the time of service. If your insurance company has not paid within 60 days you will be billed for the unpaid balance and payment in full will be expected at this time. We recommend you become directly involved in communication with your insurance company in order to expedite payment.

We do not accept assignment of benefits for secondary insurance; however, we will give you all the necessary information for you to file your claim, allowing the payment to come directly to you.

Payment Options

- We accept Visa, MasterCard, money order, cash, or personal check.
- A convenient interest free payment plan through our in-office financial partner.
- A pre-authorized monthly payment plan on your credit card.

Appointments

In order to allow the best possible care for our patients we reserve a specific time just for you and make every effort to see you as scheduled. As a courtesy to our patients, we confirm appointments by phone two days prior to the appointment. We appreciate your promptness and your consideration in not changing your scheduled time. However, if you need to change your appointment a **24-hour notice is expected**. This gives us the opportunity to schedule another patient for treatment.

SIGNATURE OF RESPONSIBLE PARTY

DATE