



## Financial Policy

Thank you for choosing the office of Paul E. Coggins, DDS, MPH, PA. We aim to provide the best and most comprehensive dental care. An important aspect of that care is keeping the treatment easy and affordable for our patients. We do this by offering different payment options.

Forms of payment- Cash, Check, Insurance, Credit Card, and Care Credit

Please note:

Insurance- We will file all insurance claims both in and out of network. We will collect the reimbursement directly from the insurance company; any remaining balance will be your responsibility. A pre-treatment estimate can be provided upon request.

Returned Checks-We charge \$25 for returned checks.

Billing- A statement will be sent to you letting you know the balance on your account. Please remit payment within 10 days of the statement. If you are unable to remit payment by the due date please call so other arrangements can be established. Failure to remit payment will lead to late fees and third-party collections.

Appointments- We require 24 hours' notice if you are unable to keep your scheduled appointment. If you do not give us 24 hours' notice it will be considered a "failed" appointment. If you have 3 failed appointments in any 12-month period, we require a \$40.00 deposit before we will schedule any further appointments. This deposit will be applied toward your dental appointment. However, if you fail to keep the appointment the deposit will not be refundable.

If you have any questions please let us know, we are here to help.

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Patient, Client, Parent, or Guardian Signature

Date

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Patient Name (Please Print)

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Signature of Office Representative

Date