

Financial Policy

In order to provide the highest quality of care for our patients, we require that all patients adhere to our Financial Policy as stated herein. Please read this policy carefully and ask any of our team members if you have any questions or desire any additional information. Thank you!

Payment Options

Payment is due when services are rendered unless other arrangements have been made at least three full working days in advance of your appointment. In most cases, your payment for the day's services will be collected PRIOR to seeing the provider on the date of service. The following forms of payment are accepted:

- Cash
- Personal Checks*
- Money Orders
- Debit Cards/Most Major Credit Cards
- Lending Club Patient Financing
- Care Credit Financing

*We do not accept personal checks in excess of \$300.00 unless the check payment is made far enough in advance as to allow the check to clear the bank prior to the treatment being performed, OR you have an excellent, long-term payment history with our practice.

Returned Check Policy

The maximum fees allowed by law at the time the check is written will be applied to all returned (dishonored) checks. You will be sent a letter notifying you of the dishonored check. You will have 15 days to make full payment of the face value amount and the applicable fee. If full payment is not received in the allotted time, the State Attorney's Office will be contacted for criminal prosecution. Full payment of the original check amount plus any fees must be either in cash or by money order.

Monthly Statements

If you have a balance on your account of \$5.00 or more, we will send you a monthly statement. Please note that to minimize operating costs, no statements will be mailed for balances less than \$5.00. The monthly statement will show separately any previous balance, any new charges, any finance charges, and any payments or credits applied to your account during the billing cycle. Unless otherwise approved by us in writing, the entire balance on your statement is due and payable when the statement is issued. THIS AMOUNT IS CONSIDERED PAST DUE IF NOT PAID WITHIN 30 DAYS OF THE STATEMENT DATE.

Past Due Accounts

A re-billing fee of \$3.00 will be imposed on each account that is over 30 days past-due. We determine your account past-due by taking the balance owed 30 days ago, and then subtracting any payments or credits applied to that account during that time. A finance charge will be imposed on each item of your account which has not been paid within 30 days of the time the item was added to the account. The FINANCE CHARGE will be computed at a rate of 1.5% per month or an ANNUAL PERCENTAGE RATE of 18%. The finance charge on your account is computed by applying the periodic rate (1.5%) to the overdue balance on your account. The minimum finance charge is \$0.50.

We reserve the right to report your account status to any credit reporting agency (such as a credit bureau) should your account not be paid within 60 days of the original statement date (or the minimum time required by law, whichever is greater).

If your account becomes past due, we will take necessary steps to collect the debt. We reserve the right to collect re-billing fees (late fees), finance charges (interest), collection agency fees, court costs, reasonable attorney fees, and all other such costs on any outstanding past due balance. In the event of a suit, you agree that the venue shall be Sumter County, Florida.



Waiver of Confidentiality

You understand that if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Divorce

In the case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent/guardian authorizing treatment for a child will be the parent/guardian responsible for those charges. If the divorce decree requires the other parent/guardian to pay all or part of the treatment costs, it is the authorizing parent's/guardian's responsibility to collect from the other parent/guardian.

Personal Injury Cases

If you are being treated as part of a personal injury lawsuit or claim, we require verification from your attorney PRIOR to your initial visit. Payment of all associated fees is the responsibility of the patient, unless other arrangements are made in advance. We will not bill your attorney for charges incurred due to a personal injury case.

Effective Date

Once you have signed this agreement, you agree to all the terms and conditions contained herein and the agreement will be in full force and effect.

This is an agreement between Joseph Brent Novak DMD, PA (d.b.a. Bushnell Family & Cosmetic Dentistry and Sumter Value Dental), a Florida Professional Association, as creditor, and the Patient/Debtor named on this form. In this agreement the words "you", "your", and "yours" mean the patient/debtor. The words "we", "us", and "our" refer to Bushnell Family & Cosmetic Dentistry and Sumter Value Dental. By executing this agreement, you are agreeing to pay for all services received.

Dental Insurance

A dental insurance company is a business which makes a profit by taking in more money in premiums than it pays out in benefits. Dental insurance benefits should be viewed as just that....benefits. There is never any guarantee of payment. Please note that a dental insurance company can demand that benefits be repaid to them years after they were paid out (even if the payment was the result of an error on their behalf) and leave you responsible for any subsequent balances.

As a courtesy to you, we will provide you with an estimate of the amount of dental insurance benefits associated with the given procedures. These are merely estimates, as we have no way of actually knowing how much, if anything, your particular insurance company will pay. You should never make your treatment decisions based on anticipated insurance benefit payments. Your treatment decisions should be made based on your dental needs and your personal desires.

If your insurance coverage cannot be verified at the time of your appointment, you will be asked to pay the full amount at the time of service. You can then have any insurance benefit payment associated with the visit mailed directly to you. It is your responsibility to notify our office immediately of any changes in your dental insurance coverage.

It is the insurance company, not us, that makes the final determination of your eligibility of benefits. It is your responsibility to be familiar with the provisions/limitations of your insurance coverage.



