

Beaufort Family Dentistry

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www.beaufortfamilydentistry.com



Financial Policy

Thank you for choosing Beaufort Family Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover Card
- NO INTEREST¹ and INTEREST Payment Plans² from CareCredit or Springstone
 - o Allow you to pay over 6-12 months with NO INTEREST¹
 - o Convenient, low monthly payment plans² for extended periods of time available
 - o No annual fees or pre-payment penalties

Please note:

Beaufort Family Dentistry requires payment either the day services are rendered or by financial agreement with our office. If payment is made later than 30 days from the date due, you are responsible for late charges, which will accrue at a rate of 1.5% to overdue given balance per month.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.³ We accept all insurance policies and our general dentists are network providers for Delta Dental, Humana, Medicaid, Metlife, and United Concordia. You will be responsible for any estimated insurance benefits that are not paid by your insurance company.

Beaufort Family Dentistry charges \$30 for returned checks.

Please be aware that you will be responsible for any court fees, collection agency fees, attorney's fees and any other cost associated with collecting your bill should you fail to remit any amounts due to Beaufort Family Dentistry, LLC.

We ask for at least 24 hour notice to cancel an appointment. Should 24 hour notice not be given you may be subjected to a failed appointment fee of up to \$100 per scheduled hour. Please note that we try very hard to maintain our schedule so that all our patients can be treated promptly.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want and need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

²Subject to credit approval

³However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.