



JASON B. COUCH DDS
— MODERN DENTISTRY

Your bill is ultimately *your* responsibility.

It is the policy of the office of Jason B. Couch, DDS that payment for services rendered is always due **prior** to beginning treatment. For your convenience, we accept cash, all major credit cards, CareCredit or Chase Health Advance. We may require a deposit be paid at the time of scheduling to reserve a future appointment. This deposit will be credited towards the fee for your scheduled treatment.

Our office will always respect your time and specific scheduling needs. In return, we ask that you kindly notify us of any changes to your schedule that prevent you from making your reserved appointment time **at least 24 business hours in advance** or a fee of \$150 may apply. We understand that unforeseen circumstances may not allow you to give such notice and will work with you to accommodate your schedule if need be.

If you have dental insurance to help pay for your treatment, we ask that you understand that dental insurance is a three way contract between you, your employer and your dental insurance company that has nothing to do with our office. As a courtesy, we accept "assignment of benefits": this means that we will file your insurance claim and any necessary documentation for you and any monies paid from your insurance company will be made directly to our office.

Before starting any treatment with our office, we will always provide the most accurate **estimate** of your personal financial responsibility. Please understand that we do everything we can to ensure this estimate is as accurate as possible, but that it is based only on the information you and your insurance company has given our office.

In the event there is a balance remaining after your insurance claims have been paid, you are responsible for paying the balance of your treatment within 30 days or interest fees may apply.

In the event there is a credit on your account after all insurance claims have been paid, we will issue a check for that credit immediately after all claims have been paid.

Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered "reasonable and customary" under the terms of your insurance policy. Our practice is committed to providing the best treatment for our patients and our fees are usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Signed: _____ Date: _____