Dr. Amy S. Carrico
2200 E. Parrish Ave.
Owensboro, KY 42303
(270) 686-1410

PAYMENT POLICIES

Patients are responsible for the full amount of their bill.

To maintain the practice operation and to prevent potential misunderstandings, we ask patients to accept and adhere to financial arrangements regarding their dental treatment. **Payments are expected at the time of service**. We accept cash, check, debit, and Discover, Mastercard, VISA credit cards. In the event that you fail to pay for services rendered by us, then, in addition to your bill, you are responsible for all costs and expenses, including attorney's fees, associated with our efforts to collect the amount due from you.

Dental Insurance

We are happy to assist you in filing the necessary forms to help you receive the full benefits of your coverage; however, **we can make no guarantee of any estimated coverage or payment**. Because the insurance company is an agreement between you and your insurance company, patients are responsible for all charges. Please know that we will do everything possible to see that you receive the full benefits of your policy.

Optional Payment terms:

1. Full Pay Cash Discount: We offer a 10% discount for all treatment that is paid in full by cash or check when the patient does not have dental insurance.

2. Term Loan: By arrangement with CareCredit Financing, we can offer our patients, upon approval, an interest-free term loan (12 months) with no down payment, no annual fee, and no prepayment penalty. Ask for an application.

3. Dental Insurance: If you have dental insurance, your estimated payment will be collected on the day treatment begins. As a courtesy, we will file your primary insurance. Secondary insurance will be filed, but not included in your insurance estimate. If your payment and insurance payments sum total is more than your treatment fee, a credit may be applied to your account for future treatment or a refund check may be issued, whichever you prefer.

Broken Appointments

With a mutual respect for your and our time, we reserve appointment time especially for you. If you must change your appointment, we require at least 48 hours notice to avoid a $50.00 cancellation fee.

Patient Signature:_____ Date:_____