

**Dr. Billy J. Metcalf, D.D.S.
4501 Van Winkle
Amarillo, Texas 79119
(806) 351-0008**

FINANCIAL POLICY

We are pleased to welcome you to our practice. It is our policy to make definitive financial arrangements with you before any treatment starts. Below is an explanation of our payment procedures. If you have any questions, please do not hesitate to ask.

1. **Payments for a service is due at the time services are rendered.** We accept **cash, checks, and credit cards:** Visa, MasterCard, American Express & Discover. We **DO NOT** accept temporary checks.
2. As a courtesy we will submit a claim to your Insurance carrier. Should you have secondary Insurance, we will provide you a copy of the claim. You must provide the office with a **dental (not medical)** insurance card with the proper mailing address of the insurance company, or provide a **dental (not medical)** claim form, which is provided by the employer. If one of these documents is not available at the time of the appointment, you will be responsible for payment of all fees and we will provide you with a claim form for you to submit for reimbursement.
3. If insurance benefits are assigned to the doctor, you will be responsible for **paying your deductible and co-payments at the time of services.** You are responsible for paying all charges not covered by your insurance company, including all fees considered above your insurance company's usual and customary fee schedule.
4. Your insurance benefits are a contract between you and your employer. The amount of coverage you will receive will depend on the quality of the plan purchased by your employer, not the fees of the doctor.
5. **The office cannot carry insurance balances longer than 30 days; if your insurance carrier does not pay a claim, you are responsible for the balance in full.**
6. Should you default on any agreed payment arrangements or account balance your account may be turned over to a collection agency for further action.
7. There will be a **\$30.00 service charge** for all returned checks.
8. The **parent or guardian who brings the child for their initial visit is responsible for payment** independent of what a divorce decree may state. Reimbursement must be made between the divorced parents. **We will not intervene.**
9. **Should your child be set-up at the hospital for treatment and you No-Show or cancel within 7 days there will be a \$100.00 charge.**

AUTHORIZATION

1. I authorize Dr. Metcalf, and staff to release any information concerning my case to my insurance company.
2. I have read and accept the above Financial Policy, understand it and agree to the terms set forth regarding payment.
3. I authorize my Insurance Company to pay any benefits directly to Children's Dentistry of Amarillo.

I acknowledge receipt of the Privacy-Patient access Policy for Children's Dentistry of Amarillo.

Signature of Parent or Responsible Party

Date