



ERIC K. TAYLOR, DDS

Diplomate American Board of Periodontology
Implants and Periodontics

PATIENT FINANCIAL POLICY

Thank you for choosing Dr. Eric K. Taylor’s Implant and Periodontic Speciality Practice for your care. We are committed to providing quality, personal, and affordable care. We sincerely hope that by sharing our financial expectations we will strengthen the practice-patient relationship and keep the lines of communications open. This financial policy helps the practice provide quality care to our valued patients.

INSURANCE: We participate in several insurance plans, such as Delta Dental & BCBS. As a courtesy, we will bill your insurance carrier on your behalf; however, you are ultimately responsible for timely payment of any non-covered services, co-payments and deductible in full on your scheduled visit.

Knowing your insurance benefits and coverage limitations is your responsibility. If your insurance requires you to have a referral or authorization before a service is performed, it is your responsibility to obtain this information and supply it to our office before your scheduled visit. This requirement is part of your contract with your insurance company. Please bring your insurance card(s) with you to each appointment.

It is your responsibility to notify the office of any changes in your address, phone, employment, or insurance coverage. We reserve the right to report delinquent accounts to your insurance carrier, credit bureaus, and take further collection actions if necessary. If you fail to comply with our financial policy, this may result in the termination of the patient-doctor relationship, and dismissal from our practice. Our office charges \$30 for returned checks.

ASSIGNMENT OF BENEFITS: I hereby authorize my insurance company(s) to pay directly to Dr. Eric K. Taylor, DDS, PC and assign the benefits for services rendered. I hereby authorize Dr. Eric K. Taylor, DDS, PC to release information to my insurance company(s) to process your claim and appeals.

SELF-PAY ACCOUNTS: If you do not have insurance coverage, your visits must be paid in full at the time of services rendered.

PAYMENT OPTIONS: We offer the ease of payment options such as: cash, check, Visa, Master Card, Debit and Care Credit

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY: I have read the above financial policy and assignment of benefits and I agree to abide by its terms.

Patient Signature

Date

Date of Birth

Patient Name Print

Witness Signature