



CREDIT POLICY

Any charges not covered by your insurance carrier or dental plan such as co-pay, deductible or any uncovered services, must be paid in full the same day service is provided. We will do our best to make sure that you get the most out of your dental insurance or dental benefit plan. However, not all plans cover all procedures. Co-pay, deductibles and covered services vary across dental insurance companies and dental benefit plan providers and the variety of policies / plans they sell. We will process your insurance claim but you are the financially responsible party for services rendered but not covered by your dental insurance or dental benefit plan.

PAYMENTS: Can be made by cash, check, money order or credit card. We accept Visa, MasterCard, Discover and Care Credit. A \$30 handling fee will be charged for each returned check. To provide ample time to resolve insurance delays, payment terms will be extended up to 30 days past the end of the first billing cycle. Finance charges will be waived during this 30-day period. Account balances over 60 days past due, will be assessed a finance charge at a rate of 1.5% of the current monthly balance.

BILLING QUESTIONS: Please contact us regarding billing questions, to notify us of a billing error or disputed bill amount. We ask that you communicate in writing via mail or fax. Please direct all written billing inquiries to:

Day & Night Family Dental
Attention: Dispute Resolution Department
1408 Skibo Road
Fayetteville, NC 28303
or
Fax: (910) 354-2681

BILLING DISCREPANCY – FORM OF WRITTEN NOTICE: If you believe your bill to be in error, please notify us in writing within 30 days of receipt of your first billing statement. Your Written Notice should provide a detailed description of the discrepancy including the dollar amount of the suspected error. Please note, a phone call will not preserve your rights.

YOUR RIGHTS AND RESPONSIBILITIES - WRITTEN NOTICE: We will acknowledge your Written Notice upon 30 days of receipt unless the discrepancy has been resolved. All billing errors will be corrected within 60 days of receipt of the Written Notice. If it is determined you are the financially responsible party for payment, an explanation will be provided along with payment terms/options.

FURTHER ACTION: During the 60-day period, we will not pursue further collection action against you. After the 60 day period, if it is determined that you are the financially responsible party for the charges in question and fail to pay, we may pursue additional collection actions including but not limited to reporting your account as past due to the local credit bureau or referring your account to a collection agency.

RIGHT OF REFUSAL: Day and Night Family Dental reserves the right to deny services other than emergency services due to any person associated with a past due or delinquent account. Patients with a delinquent account will be requested to pay for services in cash on the date services are rendered. In some cases, prepayment will be required. Once the account balance is resolved, we will review the payment terms for future services.