

Financial options for  
**Dr. Philip C. Wilkins, D.M.D., P.C.**  
124 North Congress Street  
Winnsboro, SC 29180  
(803) 635-6162

**Methods of Payment**

1. Cash, check, or credit card (Master Card, Visa or Discover)
2. Dental insurance (described below)
3. Care Credit (applications available)
4. Dental Fee Plan (apply via phone)

**Dental Insurance**

1. We are pleased that you have dental insurance, and our office will assist you in obtaining the maximum benefits specified in your contract. However, your insurance contract is between you, your employer, and the insurance company. If you do not receive the benefits you thought you would, it may be because of restrictions your insurance company has placed on your plan. Many insurance companies try to imply that the problem is related to the fees that we charge, which is false. It is only due to the restrictions they have placed. If you find yourself surprised by the limited amount paid by the insurance company, you need to talk with your insurance company.
2. As a courtesy to you, we will file your insurance and accept assignment of benefits if you have signed the insurance payment authorization form. **We ask that you pay your estimated co-payment and deductible at the time of service.**
3. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select services that they will cover. We will need you to bring us a copy of your benefit booklet if you would like help interpreting you benefits.

**Related information**

1. If you do not have insurance, **payment in full is required at the time of service.**
2. Returned checks are subject to a \$25.00 fee which is not related to any fees charged by your bank.
3. Balances older than 60 days are subject to interest charges of 1½ % per month or 18% annually. These additional fees will be applied to the unpaid balance at the end of each month.
4. In the event that the account is not paid and we refer the account to collections, you will be responsible for all fees incurred for collection of your bill (i.e. attorney fees, court costs, and collection agency fees).
5. Your appointment time has been reserved exclusively for you. Any changes in your appointment affect many patients. **24 hours notice is needed to avoid a charge.** Two broken appointments may result in being excused from the practice.

*I have read and understand the above information. I understand that I am responsible (regardless of my insurance) for any charges incurred from services rendered.*

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_