

Financial Options for
Philip C. Wilkins, DMD, PC
Reid P. Warren, DMD
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. Lending Club (information available; apply online)
5. Citi Health Card (applications available)

Dental Insurance

1. 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. If your insurance pays the policy holder directly, we ask that payment be made in full to Dr. Wilkins at the time of service.**
2. We are not in-network with any insurance company's plan, because in our experience they do not pay enough for us to provide the quality care our patients deserve. However, we will be glad to file any insurance claims for you. We file and are reimbursed based on your insurance policy's out-of-network fee schedule. Any balance remaining after your insurance pays is the patient's responsibility.
3. It is our policy to pursue payment from your insurance company for 60 days, after which we require that you pay the full amount of your charges. We will not charge interest on your account during that time.
4. 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. If you find yourself surprised by the limited amount paid by the insurance company, you need to speak with your insurance company.
5. 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 your benefits.

Payment for Service

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 1.5 % per month or 18% annually. These 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 _____