

**Terry Cashion, D.D.S./Summit Family Dental**  
3786 Central Pike Suite 100 • Hermitage TN • 37076 • 615-889-3609

Written Financial Policy

Thank you for choosing Dr. Terry Cashion. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. You can choose to pay by cash, check, Visa, MasterCard, American Express or Discover Card. We also offer CareCredit No Interest<sup>1</sup> Patient Payment Plans<sup>2</sup> that allow you to pay over time with convenient, low monthly payments.

We offer a 5% courtesy adjustment to patients who pay for their treatment with cash prior to completion of care for treatment plans of \$500 or more. For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.

I understand proposed estimates are not a guarantee, and the final fee might differ from the original estimate once all claims are received. I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me. I understand that my dental carrier may pay less than the actual bill for services. If the insurance company has not paid their portion within 60 days from being billed, I understand that the balance will become due and payable to me.

I agree to be responsible for payment of all services rendered on my behalf or my dependents. After 60 days from being billed, I understand that the balance will become due and payable from me. After 60 days, in the case of default of payment, I promise to pay any legal interest on the balance due, together with any collection agency costs and attorney fees incurred to effect collection on this account.

There is a charge of \$25 for returned checks.

We strive to create a schedule to stay convenient and efficient for our patients. Therefore, there is a \$50 fee for any cancellations with less than 24 hours' notice or for not showing up to appointments.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

<sup>1</sup>If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required. <sup>2</sup>Subject to credit approval.