

MINDY M THOMPSON, DDS
2551 MURFREESBORO RD
NASHVILLE TN 37217

PLEASE READ CAREFULLY AND SIGN STATING YOU FULLY UNDERSTAND. PARENT/GUARDIAN MUST SIGN FOR CHILD.

INSURANCE

I UNDERSTAND THAT I AM RESPONSIBLE FOR 100% OF ALL DENTAL FEES, I UNDERSTAND MY INSURANCE IS BEING FILED AS A COURTESY TO ME. I UNDERSTAND ALL COPAYS AND DEDUCTIBLES MUST BE PAID AT EACH VISIT. IF INSURANCE HAS NOT PAID ITS' PORTION WITHIN 60 DAYS OF BEING PROPERLY BILLED, I UNDERSTAND THAT THE BALANCE WILL IMMEDIATELY BECOME DUE.

I UNDERSTAND THAT THE CONTRACT WITH MY INSURANCE IS BETWEEN ME AND THAT COMPANY. I UNDERSTAND, WITH THE EXCEPTION OF DELTA DENTAL PREMIER, DR THOMPSON IS NOT CONTRACTED WITH ANY DENTAL INSURANCE. DR THOMPSON IS NOT AN IN NETWORK DENTIST. I UNDERSTAND AS AN OUT OF NETWORK DENTIST SHE WILL BE PAID AT LEAST 10% LESS THAN A DENTIST IN NETWORK. THIS DIFFERENCE WILL BE AT LEAST 20% WITH BLUE CROSS BLUE SHEILD AND MAY VARY WITH OTHER COMPANIES. I UNDERSTAND THAT ANY DIFFERENCE IN PAYMENT WILL BE MY RESPONSIBILITY.

I UNDERSTAND SOME PLANS BASE BENEFITS ON A FEE SCHEDULE OR USUAL AND CUSTOMARY CHARGES. THE INSURANCE COMPANY WILL MAKE THEIR PAYMENT BASED ON THEIR FEE SCHEDULE OR USUAL AND CUSTOMARY CHARGES AND NOT THE ACTUAL FEE CHARGED BY THIS OFFICE. FOR THIS REASON, THE AMOUNT PAID BY MY INSURANCE COMPANY MAY BE LESS THAN ORIGINALLY QUOTED, THE DIFFERENCE WILL BE MY RESPONSIBILITY.

MISSED APPOINTMENT

A MISSED APPOINTMENT IS A LOSS TO EVERYONE. I UNDERSTAND THAT I WILL BE CHARGED A \$53.00 FEE FOR BROKEN APPOINTMENTS WITHOUT 24 HOURS NOTICE.

NON PAYMENT

I UNDERSTAND A LATE CHARGE WILL BE CHARGED TO MY ACCOUNT IF UNPAID FOR 30 DAYS. THIS CHARGE WILL BE AN ANNUAL PERCENTAGE RATE OF 21%. I UNDERSTAND ANY BALANCE LEFT UNPAID FOR 30 DAYS WILL BE TURNED OVER TO AN OUTSIDE COLLECTION AGENCY. I UNDERSTAND I WILL BE RESPONSIBLE FOR ALL COLLECTION COSTS, COURT COSTS, ATTORNEYS FEES, INTEREST, ETC.

SIGNATURE OF RESPONSIBLE PARTY

DATE