

Gordon L. Wills, Jr., D. D. S.  
668 Colonial Road, Suite 3  
Memphis, TN 38117

### Financial Policy

We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care needed to enjoy a healthy and confident smile with respect to your budget.

#### **Dental Insurance:**

We are happy to file the forms necessary and will do everything possible to see that you receive the full benefits of your policy; however, we cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, we ask that patients be directly responsible for all charges.

Payment for your estimated portion of your bill including any deductibles will be expected at the time of service. If there is any remaining balance after insurance payment, you will be billed and the amount will be due in full upon receipt.

#### **Payment Options:**

For your convenience, we accept Visa, Mastercard and Discover. We also offer a 5% discount on any amount due over \$500.00 if paid in full by cash or check. Monthly payments can be made through Care Credit for those who qualify. Ask our friendly staff for further details.

#### **Payment Plans:**

All payment arrangements must be made prior to scheduling appointments. Any balance over 60 days will be considered due regardless of insurance status. A billing charge may also be added if the account is not paid in full. If for any reason your account must be handled more aggressively, **all attorney fees, court costs, and collection fees will be added to the patient's account balance .**

**I understand that I am responsible for payment of all services rendered, regardless of insurance coverage or other third party liability. I agree to pay all collection costs, including attorney fees and court costs in the event it becomes necessary to pursue the account for collection.**

\_\_\_\_\_  
Signature of Patient (parent, if patient is a minor)

\_\_\_\_\_  
Date