

Mark Tickle DMD LLC
Mark B. Tickle, DMD and Jennifer J. Wright, DMD
601 Hargrove Road East
Tuscaloosa, AL 35401

Payment, Financial and Insurance Statement of Responsibility

We appreciate your choice of our practice for your dental care. We believe it is in your best interest to understand our payment policy prior to your first visit.

We want to ensure that you receive all insurance benefits available to you. In order to accomplish this as a courtesy to our patients, we will gladly file claims for our services to most commercial insurance companies and work along with you to maximize your insurance reimbursement for covered procedures. Our insurance team spends a considerable amount of time keeping themselves updated on the latest insurance procedures and codes as well as filing electronically to ensure prompt payment of dental claims. There are times, however, when your insurance carrier will delay payment of a claim and we will ask that you follow up with your insurance carrier to ensure the claim is being processed. In other instances your insurance company may not pay for services due to co-pay, deductible portion, non-covered charges, or any other reason determined by your policy. You are responsible for these charges regardless of how or when your insurance pays. At the time of service you will be responsible for your co-pay and your percentage of the day's charges, which are determined by your policy. If you do not have insurance, full payment is expected at the time of service. For your convenience we do accept Visa, MasterCard, Discover and American Express. We also have Citi Health that offers convenient monthly payments with no interest options.

As our patient, we want to provide you the best care possible. Insurance companies have recently begun to administer some policies differently. Several policies now state that they will pay for only minimally acceptable treatment. At times there may be certain services that the dentist feels are necessary for the maintenance of good oral health that are not covered by your insurance company and we cannot always accept the fee listed by your insurance company. Therefore, in certain cases we can, by permission of your insurance company, collect a fee beyond what your policy may cover. In these cases, we will do our best to inform you as soon as we are aware of any payment limitations.

INSURANCE AUTHORIZATION AND AGREEMENT: I hereby assign to Mark Tickle DMD LLC all payments for dental services rendered to me or my dependents. I understand that I am responsible for payment of any amount not paid by my insurance.

CONSUMER CONTACT CONSENT: I hereby agree in order for Mark Tickle DMD LLC, and/or their agents, may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers which could result in charges to me.

PAYMENT AGREEMENT: I acknowledge and agree that I am fully responsible for payment of all charges for any services rendered by **Mark Tickle DMD LLC** and for payment of any balance not paid by insurance when due; I agree to pay any such charges. I further agree to pay all previously incurred and unpaid charges I may owe to **Mark Tickle DMD LLC**. If my account becomes delinquent, I agree to pay all costs of collecting, (33.33%) including any reasonable attorney's fee, and court cost, if such be necessary. I understand that interest at a rate of 1 ½ % per month will be added to my account at 90 days.

PLEASE SIGN AND DATE BELOW

Guarantor

Date