

Financial Policy

Dr. Clinton R. Harrell, DDS

Our mission is to deliver the finest dental care available today. Fine dentistry is truly an investment. Our goal is to help you make this investment possible.

We feel that the most common way for patients and healthcare providers to get “out of relationship” is through miscommunication over financial expectations. Please read the following and if you have any questions, PLEASE DO NOT HESITATE TO ASK.

For those who enjoy dental insurance benefits, we ask you to pay the patient portion at the time of service. This is an ESTIMATE we cannot guarantee what insurance companies will pay. Please remember insurance is a contract benefit between you, your employer, and the insurance company. We are happy to assist you in billing your insurance company and maximizing your benefits. However, you are ultimately responsible for the cost of treatment performed. We will provide a plan for you to enhance your health and wellness and we are committed to exceptional care.

For Non-Insurance patients, payment for today’s visit and your future visits are due at the time of treatment. We are sensitive to the fact that some people may not be able to pay cash for their treatment; therefore, we offer several alternative payment programs for your convenience.

The following options are available; 5% reduction, Cash, Check or Credit Card at the time of service, Monthly payment plan. (Outside funding based on credit approval)

Our office does require 48 hours’ notice in the event that you need to cancel or reschedule an appointment. We reserve each patient's appointment exclusively for them. Our management firm charges a fee for any appointment cancelled with less than 48 hours’ notice. This helps keep our fees down for all patients, including you.

Thank you for your understanding and cooperation on this matter.

Dr. Clinton Harrell and Team

I have read and understand the above financial policy. I agree to abide by this policy and understand that all costs incurred by me are ultimately my responsibility.

Signature _____

Date _____