

Dr. James Richardson
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Practice Financial Policy

If you have dental insurance, we are anxious to help you receive maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy.

As a courtesy, we will process and file your insurance claims for services at no cost to you.

If we are contracted with your insurance company, we must follow our contract and their requirements. Co-insurance must be payed at the time of service.

Returned checks are subject to a handling fee of \$30.00.

Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued.

I have read and understood the policy listed above. I agree to the terms and conditions.

Signature: _____ Date: _____