

J.D. "Bo" Westmoreland II, DDS
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Office Financial Policy

Payment is expected at the time service is rendered. You may pay by cash, check, Visa, Mastercard, Discover or American Express. We are happy to file the necessary forms to see that you receive the benefits of your insurance coverage, however we make no guarantees of any estimated coverage. It is important that you realize that your insurance contract is between you, your employer and the insurance company. If you have insurance, we collect deductibles and percentages on the date of service. Insurance balances over 120 days old become the patient's responsibility.

All charges are your responsibility. Balances older than thirty (30) days are subject to finance charges/collections fees if payment arrangements have not been made. Account balances over 120 days old are subject to be turned over to a collection agency and the 33% collection fee will be added to the balance to be paid by the patient/responsible party. We realize unforeseen financial problems may affect timely payment of your account. If such problems arise, contact us immediately so we can work with you.

I understand and agree that I am responsible for payment of this account.

Patient Name _____

Signature of Responsible Party _____

Date _____