

Dr. Jerry Q. Gilder

1311 S. 28th Avenue
Hattiesburg, MS 39402
Phone (601) 264-4800
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Financial Information and Agreement

Please read and sign the following information regarding your responsibility for services rendered at our office.

We will file primary insurance for our patients; however, account balances are ultimately the patient's responsibility. Please note that while most routine dental cleanings are covered at 100% that does not mean that insurance will pay our entire bill. Any part not covered by insurance will be billed to you the insured. On all services rendered besides cleanings, the patient is responsible to pay 50% at the time of service. Any services that we provide that we know insurance will not cover such as bleaching procedures or splints are payable in full at the time of service.

Payment for professional services is expected at the time of service. For your convenience, we accept payment in the following forms:

Cash or personal check
Visa, MasterCard or Discover
Care Credit Dental Services*
50% co-payment if patient has dental insurance

*Please ask us for more information regarding Care Credit financing.

Accounts that become past due are subject to a monthly 1.5% finance charge. If your account should ever be sent to a collection agency, you agree to pay legal fees incurred by Dr. Gilder's office pertaining to your account.

Please note that the parent who brings the patient to our office and signs this policy is the responsible party for their child's account. We are not able to bill a third party for any amount owed to us.

If you have insurance please be sure to give a current copy of your insurance card along with a valid I D to our receptionist so that we have a copy in your file. Also, if you have insurance through your parent and are a college student please let us make a copy of your student I D.

I have read and understand this policy and agree to pay all fees charged to my account.

Signature: _____

Date: _____