



**Kevin T. Bolden, DDS**  
**8090 Highway 100**  
**Nashville, TN 37221**  
**(615) 891-1853**

### **OUR FINANCIAL POLICY**

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. The following is a statement of our financial policy that we would like you to read and sign prior to your treatment.

We expect full payment at time of service. We do accept MasterCard, Visa, Discover, CareCredit® and Chase Health Advance for your convenience.

### **REGARDING INSURANCE**

We will gladly file your insurance as a courtesy to you. Your insurance is a contract between the insurance company, your employer, and you. We are, typically, not a party in this contract. Please be aware that some, and perhaps all, of the services we provide to you may be non-covered services and not considered reasonable and necessary under your dental insurance. Therefore, you are responsible for the entire cost of treatment regardless of insurance coverage or payment. All co-pays and deductibles will be due at time of service unless a financial arrangement has been made with our Business Office.

### **CREDIT AGREEMENT**

In consideration of the extension of credit to me, I agree to pay attorney's fees and any other expenses incurred in the collection of my account, should I fail to pay as hereby promised.

\_\_\_\_\_  
Signature of patient or responsible party

\_\_\_\_\_  
Date

Thank you for your understanding of our Financial Policy. Please let us know if you have any questions or concerns.