Warrier Family Dentistry
Smita S Warrier DMD PLLC
16143 Lancaster Hwy, Suite 101
Charlotte NC - 28277

Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treating with you exemplary care. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment. Please understand the payment of your bill is considered a part of your treatment.

Full payment is due at the time of service.
We accept cash, personal checks and major credit cards as a form of payment.

Insurance Policy
We will file with your insurance as a courtesy to you. The balance is your responsibility, whether your insurance company pays or not. We cannot bill your insurance company unless you give us your complete insurance information and an original claim form. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

In the insurance plans where we are a participating provider, all co-payments and deductibles are due prior to treatment. In the event your insurance coverage changes to a plan where we are not a participating provider, please refer to the preceding paragraph.

Usual and Customary Rates
Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company arbitrary determination of usual and customary rates.

Adult and Minor Patients
Adult patients are responsible for payment at the time services are rendered. The adult accompanying a minor and the parents(or guardians) of the minor are responsible for full payment.

Missed Appointments
A fee (at the rate of a normal office visit) will be charged for missed appointments and appointments that are cancelled with less than 24 hours notice.

I have read the financial policy as detailed above. I understand and agree to this financial policy.

Acknowledgement of Receipt of Notice of Privacy Practices
I have received a copy of the Notice of Privacy Practices from the above named practice.