

Travis Hammons, D.D.S.

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Financial Guidelines

We here at Hammons Family Dental are committed to providing you with the best possible dental care. It is our goal that you understand your treatment needs, as well as your financial responsibility before any treatment begins in our office.

We strive to accurately present the cost of your dental care and work with your budget. If have the benefit of dental insurance, we want to assist you maximize your dental benefits and minimizing your out of pocket expenses. To provide you with the best possible experience, we ask for your assistance.

We will file the necessary paperwork to bill your insurance company for your dental treatment. We ask that you please provide us with accurate information at the time of each of your appointments.

We request payment in full at the time of service, if you do not have insurance coverage unless other financial arrangements have been made in advance.

We ask that the parent bringing a child to the practice be prepared with payment or co-payment at the time o treatment regardless of custody agreements.

We ask that you pay for your dental services by cash; check or credit card for all estimated payments or co-payments at the time of treatment. We are happy to help you secure third party financing from available options if you like or need.

Agreement of Financial Guidelines

I request and authorize Dr. Travis Hammons to provide me with dental care. I understand that I am personally responsible for the charges for the services I receive.

I agree to make full payment for services I receive. I understand that regardless of dental insurance benefits, any treatment I receive is my financial responsibility.

I hereby authorize Dr. Travis Hammons at his discursion, to bill my insurance carrier and any other persons or parties who may be liable for payment of these services. I also authorize my insurance carrier to make payments directly to Dr. Travis Hammons.

Your signature below will acknowledge that you have read and are in agreement with our financial guidelines.

Patients signature

Date