

Dr. Frajovon R. Talley, DDS, PLLC
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(704) 599-8230

About our office...

Dr. Gammons and our staff strive to provide the highest quality and most modern technology that dentistry has to offer. We achieve this through using only high-quality equipment and supplies. We also are continually updating our training and techniques as well as methods of operation.

Two examples of our current technology that we use to offer the highest quality care are the x-ray system and the air abrasion system. The x-ray system is digital and computerized and uses up to 90 percent less radiation than traditional x-ray and also allows digital enhancement to help diagnosis and treatment. The air abrasion system is a technique of treating decays that, when indicated, allows very conservative tooth removal and usually does not require anesthesia. The air abrasion system does have some limitations, however as modern technology advances the promise of other equipment such as lasers is not too far away. Our office intends to stay current with its equipment and training.

The treatment that is correct for one patient is not necessarily correct for another and we realize this and work with patients individually on their treatment needs. During our examination and diagnosis phase Dr. Gammons and our staff will collect information through listening to you, the patient, and through examination and evaluation of any diagnostic tools such as x-rays or models. After we have collected this information we will discuss with you our findings and all of the possible treatment alternatives. Then we will answer any questions you might have and together with you will decide the best course of action to treat your needs and expectations.

The entire fee for services rendered is ultimately the patient's responsibility. If you have dental insurance as a courtesy we will validate, process, preauthorize and accept payment from your insurance company. It is important for you to understand that most procedures are not covered 100 percent by insurance and there is usually a patient payment responsibility each visit. We work with several hundred insurance companies and they do not all provide the same coverage. As another courtesy we will attempt to help you in understanding your insurance policy, however you must understand that it is ultimately the responsibility of you and your employer to understand starting / termination dates, deductibles, maximum benefits, family members included, procedures included and all other phases of your insurance policy. The time we spend processing your claims and on the telephone validating and corresponding with insurance companies is very considerable.

We are like any other business in that our bills, rent, salaries, utilities and other operating expenses must be paid. Also the maintenance on the equipment and computers that we have to provide the best care that we can is costly. The fees help to cover current costs as well as to insure that the office can stay up to date so that in years to come you will still be receiving the most current dental technology and treatment techniques.

In order to maintain the office standards we require payment in full at time of service. If you have insurance the payment is the *anticipated* co-payment. Please note that we use all of the information that is available to us at time of treatment to calculate anticipated co-payment, however this is not a guarantee of coverage. All fees are still the responsibility of the patient.

We accept cash, checks, and credit cards. At this time we are not offering credit in our office, however we do work with some institutions that help dental patient's finance their work. If this may be helpful to you please let us know.

Interest will accrue in any unpaid balances after 60 days from date of service. The interest rate is 1.33% per month or a maximum of 16% per annum. If you have an outstanding balance after 90 days, you are giving us permission to charge the Credit Card number on file.

I have read, understand, and agree to the financial policies stated on this sheet. If I have dental insurance, I understand and agree that, (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional services rendered.

Signature: _____ Date: _____
(Responsible party: patient, parent, and guardian)
