



FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require that you read and sign prior to any treatment. It is our hope that this policy will facilitate open communication between us and help avoid potential misunderstandings, allowing you to always make the best choices related to your care.

INSURANCE:

Please remember your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy to you, our office provides certain services, including a pre-treatment estimate which we send to the insurance company at your request. It is physically impossible for us to have the knowledge and keep track of every aspect of your insurance. It is up to you to contact your insurance company and inquire as to what benefits your employer has purchased for you. If you have any questions concerning the pre-treatment estimate and/or fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf.

Please be aware some or perhaps all of the services provided may or may not be covered by your insurance policy. Any balance is your responsibility whether or not your insurance company pays any portion.

We are non-participating with all Minnesota Health Care Programs (MHCP) coverage. This includes but is not limited to the following programs: MinnesotaCare, Medicaid, Prepaid Medical Assistance Program (PMAP), Minnesota Senior Health Options (MSHO), Minnesota Senior Care Plus (MSC+), and Special Needs Basic Care (SNBC). Services received at our office are considered non-covered under MHCP and no claims for payment in any form may be submitted to these programs. We will hold you financially responsible for all services completed.

PAYMENT:

Understand that regardless of any insurance status, you are responsible for the balance due on your account. You are responsible for any and all professional services rendered. This includes but is not limited to: dental fees, surgical procedures, tests, office procedures, medications and also any other services not directly provided by the dentist.

FULL PAYMENT is due at the time of service. If insurance benefits apply, ESTIMATED PATIENT CO-PAYMENTS and DEDUCTIBLES are due at the time of service.

FOR NON-INSURED TREATMENT, payment in full is due at the time of service. A 5% savings will be given when paid in full by cash or check (2% if paid by credit or debit card). An additional 5% savings will be applied for seniors aged 65 and older. This savings applies only if the existing account balance is zero.

For your convenience we accept the following forms of payment: cash, check, VISA, MasterCard, Discover, American Express and Care Credit. A \$35 fee will apply if your check is returned by your bank for any reason.

ALL MONTHLY STATEMENTS ARE DUE AND PAYABLE UPON RECEIPT, unless prior financial arrangements have been made. A finance charge of 18% annually (1.5% per month) will begin accruing on outstanding balances after 60 days. Unpaid balances older than 90 days will be subject to collection activity. If your account is sent to a collection agency you will be responsible for paying all costs incurred for the collection of past due balances, including collection agency fees, attorney fees, and all other costs involved in litigation.

MISSED APPOINTMENTS:

Unless we receive notice of cancellation 48 hours in advance, you may be charged a \$100 fee for the missed appointment. Please help us maintain the highest quality of care by keeping scheduled appointments.

PLEASE CONTACT OUR FINANCIAL COORDINATOR WITH QUESTIONS REGARDING YOUR ACCOUNT.