



2600 Bemidji Avenue N. · Bemidji, MN 56601 · 218-751-4460

FINANCIAL POLICY

It is our commitment to provide the highest quality dental care available to all of our patients and have those services comfortably affordable. Because payments/co-payments are due at the time service is rendered, we offer the following options for payment:

Forms of Payment

- ▶ Cash/Check
- ▶ Debit Card
- ▶ Credit Card

(We accept all major credit cards)

5% Discount*

We are happy to offer a 5% discount when services are paid in full at the time of service.

*5% discount not valid for those with insurance or in conjunction with Care Credit Financing.

Financing

We are pleased to offer CARE CREDIT, which is administered by us, for an interest free financing option. Please ask our administrative associate for details.

Dental Insurance

As a courtesy, we will process your dental insurance benefits in our office and advocate on your behalf, relieving you of this time consuming and complicated task. Please present your insurance card and subscriber information at time of service. Please note, if you have not provided us with the correct resources — including, but not limited to: insurance card, policy holder information and social security — you will be billed in full for all services rendered. It is the patients' responsibility to check and understand their insurance coverage and benefits before their appointment. Please know that not all services will be covered by your insurance and the quoted co-payment is just an estimate. Any amount estimated not to be covered by your insurance will be due at time services are rendered. Once final insurance benefit payment is received, we will send you a billing statement for any balance due. All accounts are due to be paid within 60 days from time of service, regardless of insurance.

Arriving Late And Missed Appointments

Appointment times are reserved especially for you. If for any reason you should need to change your appointment, we require a minimum 24 hour notice in order to avoid a missed appointment fee. Please help us serve you and others better by keeping your scheduled appointments and being prompt. If you come late, there may not be time to perform the services needed; therefore, you may be required to reschedule your appointment. If you are late or miss an appointment, you may be charged a \$75 Missed Appointment Fee. For longer appointments, a \$100 Missed Appointment Fee may be charged. Upon breaking this policy three times, patient will be dismissed from our office.

Prepayment On Large Investments

We value your time as much as our own. If you are scheduling a service over \$500.00, a deposit/payment may be due at time of scheduling to secure your reserved appointment. If canceling or rescheduling the appointment, we require a minimum 24 hour notice or the Missed Appointment Fee will be charged. This notice allows the dental team a minimal amount of time to offer your reserved time to another patient.

Returned/Canceled Checks and Overdue Accounts You will be charged \$30.00 for any returned or canceled checks, and we will expect payment in full by cash or credit card within 10 days. If you have had a returned or canceled check, future payments may only be accepted in form of cash or credit card. A one and one half percent (1.5%) per month interest will be charged on overdue accounts. In the event your account is past due and sent to collections, you will be responsible for all fees associated with the account.

Our Commitment

We are committed to supporting you in understanding your dental health, so you will always be able to make the best choices. We are here to assist you in any way possible. Please make your questions and concerns known to our team. Our goal is to ensure that you have an outstanding experience!

Your Commitment

I have fully reviewed the financial policy and agree to abide by it. I am fully responsible for the total payment of all procedures performed in this office — this includes all treatment, regardless of insurance benefits. I understand that all payments/co-payments are due at time service is rendered.

Signature

Date