



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, 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. A social security number is required for all patients and policy holders. Please note, it is the patient's responsibility to provide accurate information before each appointment. If you have not provided us with the correct resources — including, but not limited to: insurance card and policy holder information (social security number, birthday and place of employment the insurance is through, unless it is an individual policy) — you will be responsible to pay in full at the time of service for all services rendered. If insurance changes, it is your responsibility to provide updates. It is also the patient's responsibility to check and understand their insurance coverage and benefits before their appointment. Please know that not all services will be covered by insurance and any quotes for patient portion are only estimates. All amounts estimated not to be covered by insurance will be due *at the time services are rendered*. Once final insurance benefit payment is received, we will send a billing statement for any balance due. Regardless of estimates given, patients are always responsible for all fees not covered by insurance. Services are required to be paid in full. All accounts are due to be paid within 60 days from time of service, regardless of insurance.

Treatment Plan Quotes As costs continue to rise, so does the expense of providing dentistry. Bemidji Dental Clinic works hard to keep up the latest technology and well accomplished employees. Our clinic typically does yearly price adjustments in line with the current economy. Please be advised, your *treatment plan quote will be honored only through the end of the calendar year in which it was issued*.

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*. If you are late or miss an appointment, you may be charged a *Missed Appointment Fee*. If one arrives late, there may not be time to perform the services needed; therefore, you may be required to reschedule your appointment. Additionally, if a large appointment is missed, prepayment may be required when rescheduling. Upon breaking this policy three times, patient will be dismissed from our office. Please help us serve you and others better by keeping your scheduled appointments and being prompt.

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