



## FINANCES IN OUR OFFICE

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality dental care in a relaxed and informative environment. It is our obligation to make definite arrangements with you before any treatment begins. If you have any questions on how we manage finances in our office, please do not hesitate to ask.

1. Payment for services are due at the time of service. We accept cash, checks, Mastercard, Visa, and CareCredit.
2. As a courtesy, if you have insurance, we will provide you with a copy of the charges to submit to your insurance carrier for your reimbursement or we will file your insurance for you. **WE DO NOT FILE SECONDARY INSURANCE.** You will be responsible for paying your patient portion at the time of service. You are responsible for paying all charges not covered by your insurance, including all fees considered above your insurance's usual and customary fee schedule. Balances older than 30 days will be due regardless of outstanding insurance claims, and a bill will be sent to you for payment.
3. Your insurance benefits are a contract between YOU and YOUR employer. The amount of coverage and usual and customary fees will depend on the quality of the plan purchased by your employer.
4. For new patient emergency visits we require payment in full at the time of service.
5. The office will not carry balances longer than 60 days.
6. If needed, we will submit insurance claims a maximum of 2 times per appointment. After that we will be happy to provide you with a claim form so that you can follow-up on the claim personally. The unpaid balance will be your responsibility.
7. There will be a \$25.00 charge on all returned checks.
8. The parent or guardian who brings the child for their initial visit is responsible for payment, independent of what a divorce decree may state. Reimbursement must be made between parties. We will not intervene.
9. There will be a \$50.00 charge for missed appointments or those cancelled with less than a 48 hour notice. Appointments cancelled with Dr. Sletten will be charged 10% of the total cost (minimum\$100).

I have read the above Financial Policy, understand it and agree to the terms set forth regarding payment.

NAME(please print)\_\_\_\_\_

SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_