

# Integrative Dental Partners

## Financial Policy

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We try to make your dental care as cost-efficient as possible. One measure we have taken to keep cost down is to minimize our billing and accounting; therefore, we ask for payment at the time of service. Financial arrangements must be established before our office can proceed with any recommended treatment.

Patients who are seen in our office for a Comprehensive Exam can be provided with a Treatment Plan. This is an ESTIMATE of the anticipated cost of your dental treatment. If applicable, your Treatment Plan will include an estimated insurance payment based on your dental coverage. If your carrier's payment differs from our estimate, you are responsible for the balance. Our office accepts Visa, Master Card, American Express, Discover, Personal Checks and cash as forms of payments for your treatment. If you are in need of an extended finance option, we also work with Care Credit, who offer 6 or 12 month "same as cash" or longer terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit. In the case of an overpayment, you are entitled to a refund or applied to subsequent treatment.

If after insurance pays, there remains a balance on your account; you will receive a Statement for Services. This is due and payable Net 30 days. We will continue to send a statement each month until the balance of your account is paid in full. There is a \$5.00 per month late fee applied to account balances over 60 days old. Should your account become past due, we will continue to send a statement until the balance is 90 days old. If your account remains overdue, a subsequent letter will be sent in order to avoid the necessity of pursuing further collection actions.

Should your account remain delinquent, we will forward the balance to our collection agency. If this should occur, you will be responsible for all collection fees, court costs, attorney fees and any other charges incurred in the collection of any balance due. You must further understand that a fee of 33% will be added to your total account balance in accordance with this facility's contract with its collection agency. \_\_\_\_\_ (Initial)

In cases of divorce or separation, the parent bringing the child is responsible for payment.

If it becomes necessary to reschedule your appointment, we request the courtesy of **24 hours notice**. If you cancel, do not show or miss your appointment without the required notice we will assess a \$35.00 per 30 minutes, non-refundable missed appointment service charge. This fee will not be covered by your insurance

If you have any questions regarding your account balance or if you are experiencing circumstances beyond your control, please contact our office. We will be happy to assist you with your questions or help you to set up payment arrangements.

Our practice firmly believes that a good doctor/patient relationship is based upon a clear understanding of office policies and an open line of communication. Our staff will make every effort to clarify any misunderstandings you may have concerning your account balance or our financial policies. We hope to avoid any possible disagreements over payment for professional services. If you have any questions or need assistance, please contact us immediately.

**I have read the above policy regarding my financial responsibility to Integrative Dental Partners**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_