Port City Dental Duluth MN and Superior WI - Financial Agreement and Collection Policy

Thank you for choosing our Port City Dental offices as your dental health home! We are committed to providing you with the highest quality lifetime dental care so that you may fully attain optimum oral health. Everyone benefits when office and financial policy arrangements are understood. Please understand that payment of your bill is considered as part of your treatment. <u>The following is a statement of our Financial Agreement which we require you to read and sign prior to any treatment.</u>

Regarding Payment: Payment of *estimated* patient portion is due at the time of treatment. We desire to make dental treatment affordable to all our patients. Therefore, we offer the following payment options: 1) Cash, Check, Visa, MasterCard, Discover, American Express. 2) Flexible interest-free payment plans of up to 12 months upon approval with Care Credit®.

If dentures, partial dentures, and/or bridges, retainers, mouthguards or night guards are to be fabricated, a 50% deposit will be required at the time of the first impression. The remaining balance is due at the time the prosthesis is cemented or inserted.

The parent that accompanies the minor child/children to the appointment is responsible for any payment due. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized before the appointment date or previous arrangements have been made with the doctor and billing receptionist.

Regarding Insurance: We will gladly process your insurance claim forms. Our responsibility is to provide you with the treatment that best meets your needs. Dental insurance plans do not correspond to individual patient needs, and as such, many routine and necessary dental services are not covered even though you may need those services.

We understand insurance guidelines can be difficult to understand and overwhelming at times. Fortunately, with the information provided to us by you and your insurance company we can provide some assistance in ***estimating*** your insurance benefit. However, your insurance company makes final determination once treatment is completed and the claim is submitted. <u>Your insurance is a contract between you and your insurance company; therefore, all charges are your responsibility.</u> All insurance co-pays and deductibles are due at the time of service. In the event your insurance company has not paid your account within 60 days, the balance may be transferred to your account. Your complete insurance information must be presented at the time services are provided.

Regarding Appointments: Your reserved time in our office is important. We understand that sometimes it is necessary to change your appointment so we ask that you kindly give us a minimum of 24 hours-notice. Without this notice, we are unable to offer treatment to other patients that need our care. If 3 or more appointments are broken in a 12- month period without 24 hours- notice, a cancellation fee of $50 will be applied to your account and all future appointments will be postponed.

Regarding Overpayments or Refunds Due: In the rare instance in which your account is overpaid by a copay, deductible or patient portion due we have collected from you, our policy is a refund will be issued to you within 30 days.

Financial Agreement: We would be happy to discuss our charges and how they relate to your dental needs. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Regarding Collection of Unpaid Debt: We expect all payments (for those with insurance that would include copays and deductibles) to be paid at time of service. In the event that our estimate did not collect fully from you for rendered treatment, we will take the following steps to collect the remaining balance: Month one: statement will be sent. Month two: statement will be sent. Month three: If no payment, a 60 day warning letter and text will be sent. Month four: If no payment, Final notice and text will be sent. Finally, if still no payment or agreeable payment terms are reached, your account will be turned over to our collection agency.

You will be asked to sign this form: I realize I am financially responsible for all charges incurred, including MinnesotaCare Tax, regardless of insurance coverage. I am aware past due accounts will be subject to a charge of 1% per month interest.

Thank you for understanding our Financial Agreement. Please let us know if you have any questions or concerns. I have read the Kyle Hammer, DDS Financial Agreement. I understand and agree to this Financial Agreement.

Signature of Patient:________________________________Date:______________Printed Name:____________________