Bilski Dental Group

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FINANCIAL POLICY ACKNOWLEDGEMENT

Our practice is proud to deliver the finest and most comprehensive dental services available. In order to assist you with your health care investment, we are providing the following payment information and options.

INSURANCE

As a courtesy to our patients, we are able to file your claim to your insurance carrier on your behalf. Deductibles, co-payments and non-covered amounts (including fees above your insurance company's usual and customary fee schedule) are due at the time of services are rendered. **All estimates quoted are based upon information provided to us by your insurance company and are estimates only and not a guarantee of payment.** The patient is ultimately responsible for all charges incurred. Insurance companies are required by law to pay or deny claims within 30 days. We are happy to provide any information or documentation you may require. Our first and only priority is our patients and the quality of care. **Please remember, the insurance contract is between you, your employer, and the insurance company.** Insurance companies will often down-code or have an alternative benefit and they occasionally deny claims, you are responsible for any balance not covered you your insurance. _____ (please initial)

PAYMENT

Payment is due at the time services are rendered. We accept cash, personal checks, all major credit cards/debit cards. We also offer some 0% interest plans through Care Credit, or we can set up an in-office payment plan that will automatically bill a credit card on set interval. Financing your treatment will allow you to begin your treatment immediately before situations worsen and become more costly.

All returned checks are subject to a $35 return check fee.

Any unpaid balance over 30 days will be subject to monthly interest of 1.5% (APR 18%). If payment is delinquent by 90 days it will be referred out for collection and the patient is responsible for any fees associated with that. We realize at times difficulties do occur, if this happens please call our office to discuss the situation with our financial manager.

Dental appointments longer than 60 minutes will require a deposit when scheduling your appointment that will be applied toward your patient portion of treatment. **We require 2 week notice** in order to keep your deposit. If you do not present for an appointment scheduled for 60 minutes or longer, or provide less than a 2 week notice, your deposit will not be returned.
_____ (please initial)

CANCELLATIONS

It is the philosophy of our office to provide optimum patient care. All patients are seen by appointment only and are scheduled with your individual needs in mind. This allows us to focus our efforts on caring and treating our patients to the best of our abilities. We do require 2 weeks' notice for cancellations and reschedules. If 2 broken/missed appointments occur or 2 cancellations without a 2 week notice occur within a year, we reserve the right not to schedule any subsequent appointments without a prepayment. We also, reserve the right to charge a cancellation fee as listed below:

- $50.00 under 60 minutes
- $90.00 for 60 to 90 minutes
- $10.00 for each addition 30 minute increment

We realize that true emergencies do occur and we will be flexible under those circumstances.
_____ (please initial)

I have read the above and understand and agree to these terms.

_____ _____

Patient/Parent/Guardian Signature Date