

NORTHWEST DENTAL GROUP, PC
Financial Policy and Dental Insurance

Thank you for choosing our office for your dental needs. Our office strives to provide the highest quality dental care at affordable prices. Our patients receive prompt attention & excellent service. We believe that a satisfied patient returns for additional services, refers others to the practice and pays their bill promptly. To help maintain a good relationship with our patients, this office has adopted a written financial policy. The purpose of this policy is to eliminate confusion or misunderstandings concerning financial arrangements offered by our office.

FINANCIAL POLICY

This office operates on a "fee-for-service" basis, which means that payment is expected at the time of service. Our office accepts cash, personal checks, MasterCard & Visa. A \$30.00 charge will be billed to the patient's account for any return checks. We will resubmit the check for payment to the bank. However, if the funds are still insufficient, we will not accept future payments by check. Accounts over 90 days delinquent will be sent to a collection agency.

DENTAL INSURANCE

If you have dental insurance or are part of a managed care dental program, we ask that you familiarize yourself with your program benefits and financial obligations. It is important to remember that dental insurance coverage is an agreement between the patient and the patient's insurance company. We MUST emphasize that as your dental care provider, our relationship is with YOU, our patient and not with your insurance company.

As a courtesy, we will file your insurance claims and estimate your benefits. However, we cannot and do not guarantee the outcome of the insurance claim. The obligation you have with our office is to pay for treatment, regardless of the amount that may or may not be covered by your dental insurance. We will do our best to estimate your portion of charges not covered by your dental insurance, but your estimated payment and any co-payments or deductibles are expected at time of service. Any claims sent to your insurance that are not paid within a timely manner will be billed, in full, to you.

PAYMENT PLAN-CARE CREDIT

We offer financing through an independent company. The payment plan will be available only to those who have received PRIOR credit approval. There is no cost to apply and you should know an answer within 30 minutes, in most cases. If you are interested in this option, please ask our front office staff for more information.

MISSED OR BROKEN APPOINTMENTS

There will be a minimum **\$50 fee** for any appointments missed, cancelled or rescheduled without at least **24 hours of notice**. The length of the appointment will determine the fee.

If you have any questions regarding our financial policy, please do not hesitate to ask. We are committed to providing you with the most positive experience in dental care. We appreciate your confidence in us and we look forward to service your dental needs.

By signing below, I acknowledge I have read the financial policy and have been shown the privacy practices of Northwest Dental Group and agree to its terms.

X _____ Date: _____
Patient (responsible party) Signature