Partners In Dental Care
Financial Policy

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment. All patients must complete our Patient Information and Insurance form before seeing the doctor.

- Full payment is due at time of service.
- We accept cash, checks, and all major credit cards.
- We offer extended payment plans with prior credit approval through appropriate lending institutions.
- Any unpaid balance on your account exceeding 60 days past due will be subject to a service fee of 1½ per month (18% annual).

To our patients with Dental Insurance: you are most fortunate. Please read the following regarding insurance reimbursement:
This office is happy to cooperate with families who are covered by dental insurance. We ask only that you read *your* policy to be sure that you are fully aware of limitations of benefits provided.

Remember: Dental insurance is designed to reduce the cost of care, but not eliminate it entirely.

We will gladly complete forms pertaining to your claim. This office files all dental claims electronically unless noted otherwise by your carrier. We accept direct insurance payments from most major dental insurance carriers. We ask that you remember *we have no control over what will be covered nor the length of time the insurance company takes to process the claim. Since your dental insurance is a contract between you and your insurance company, the ultimate responsibility rests with you for any dental charges incurred.* If your insurance company has not paid within 60 days, payment in full of the balance will be your responsibility. You co-payments (that portion not paid under your insurance plan) and deductibles are due at the time of treatment. Please feel free to discuss your dental insurance coverage with us.

Missed Appointments:
We respect your time and ask that you reciprocate. When we schedule an appointment for your treatment we are reserving that time specifically for you, rendering that time unavailable to any other patient that may need our services. Please have the courtesy to inform us in advance if you are unable to keep your specific appointment time. **We ask our patients to provide 24 business hours notice of the need to cancel or change an appointment in order to avoid a $50 missed appointment fee. For purposes of missed appointment fees, business hours are defined as Monday through Thursday, 7:30AM to 5:00PM. Messages left after hours or on the weekend on our voicemail, while appreciated, do not meet the business hours requirement.**

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I understand that where appropriate, credit bureau reports may be obtained. I have read and agree to Partners In Dental Care's Financial Policy.

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Signature of Patient or Responsible Party Date

Partners In Dental Care • 2565 Forest Hill Avenue SE Ste 200 • Grand Rapids, MI 49546-7535
p 616.949.0230 • f 616.949.1125 • e office@partnersindentalcare.com • www.partnersindentalcare.com