



Financial Policy

Understanding financial policies with any healthcare facility can be complicated and frustrating. It is our goal at Montana Family Dentistry to make that sure patients not only understand their medical needs and treatments, but also their financial responsibility to our facility. To help you as the patient understand our policy easily we have created a simple outline with our options for financial arrangements:

1. We accept the following forms of payment: CASH, CHECK, MONEY ORDER, VISA, MASTERCARD, DISCOVER, and CARE CREDIT. All returned checks are subject to a \$35 service fee.
2. **PATIENTS WITH INSURANCE:-**
 - a. Billing insurance is **NOT** our responsibility; we do this only as a courtesy to our patients. If for some reason we are unable to bill your insurance, payment in full will be your responsibility.
 - b. We accept most insurance's. We are NOT preferred providers for Medicaid or CHIP, however we do accept them. We **DO NOT** accept out of state Medicaid. Out of state Medicaid patients must pay in full at time of service.
 - c. **ALL CO-PAYS MUST BE PAID AT TIME OF SERVICE!** Co-pay is the portion of the bill that insurance does not pay. If an insurance company pays 80% after the deductible has been met, the co-pay is the other 20%.
 - d. Proof of coverage must be presented at time of service. It should be understood that insurance coverage is a benefit to the subscriber. As such it is the responsibility of the subscriber to know what is and is not covered and which health care providers are or are not preferred providers. Also it is the subscriber's responsibility to insure that payment is made in a timely manner. We will make every effort to collect payment from insurance providers. Should discrepancies arise, these are best handled by the policy holder.
3. **PATIENTS WITHOUT INSURANCE:**
 - a. Payment for dental services will due at time of treatment. If this is not possible, re-appointments will be necessary. A 10% discount will be offered to patients for payment in full paying with cash or check only.
 - b. Care Credit is a medical credit card for which we are a provider. We are able to offer several repayment options including 12, 18, and 24 month no interest financing.
4. **FINANCING**
 - a. Financing will be available for patients requiring extensive treatment such as orthodontics and dentures. Financing can ONLY be approved by the Financial Officer. With financing, 33% of the fees are required to be put down before ANY services are performed; 33% due at the time the appliance is delivered; 33% financed over a length of time determined by the Financial Officer, and only the Financial Officer.
5. **ALL DELINQUENT ACCOUNTS (OVER 120 DAYS) THAT DO NOT HAVE A FINANCIAL PAYMENT ARRANGEMENT IN ORDER WILL BE PUT IN COLLECTION STATUS.** Collection status is as follows, but not limited to: patient will be dismissed from practice, responsible for any interest, and/or collection fees, and/or legal fees.
6. **NO SHOW APPOINTMENTS:**
 - a. Please give us 24 hour notice if you will not be able to make your scheduled appointment. Failure to give us 24hour notice will result in 1st time-\$50.00 no show fee, 2nd time- cancel call list for future appointments, and 3rd time- dismissal for our office.

We appreciate your cooperation and understanding in these matters. Close attention to these policies will allow us to improve the quality and efficiency of the care we can deliver.

Please sign for acknowledgement: _____ Date: _____