



MONTANA FAMILY DENTISTRY

FINANCIAL POLICIES

We strive to inform you – in advance - of your financial obligation to our practice. We are committed to providing you with exceptional dental care using only the highest quality materials and technology available. In everything, we attempt to provide excellent service to you while minimizing misunderstandings or billing conflicts.

- 1. All charges you incur are your responsibility regardless of your insurance coverage.** We must emphasize that as your dental care provider, our relationship is with you...not with your insurance company. Your insurance policy is an agreement between you, your employer, and the insurance company; our practice is not a party to that agreement. If your insurance company has not paid your claim 90 days from your date of service, the balance in full reverts to you.
2. We file your dental claims as a courtesy to you. Your insurance company will pay your benefits directly to our practice once you sign the authorization on the Assignment of Benefits Agreement. Please bring a completed dental form or proof of insurance, along with a valid ID, to each appointment.
3. Your estimated co-payment, which is the amount not covered by your insurance, must be paid on the day of treatment. The dollar amount may change if your benefits do not pay as expected. We cannot guarantee how your plan will pay. Our practice accepts cash, personal checks, MasterCard, Visa, American Express, and Discover. Third party, extended payment financing is available upon request and approval.
4. Returned checks and balances older than 90 days will be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually).
5. Patients with two or more missed or short-notice cancelled appointments must reserve future appointments with a credit card. A \$50 charge will be processed upon reservation. That charge will either be refunded, or applied to the day's treatment when the appointment is kept. Our office will keep the reservation fee if the scheduled time is not honored.
6. Lengthy or complex appointments require prepayment of your co-payment in advance, to hold your appointment date and time.

Please do not hesitate to ask if you have any questions regarding this financial agreement. We are committed to providing you with the ultimate experience in dental care.

Thank you for choosing our office for your dental needs.

Print Name of Patient or Responsible Party

Signature of Patient or Responsible Party

Date