

Davis Dental Care

Financial Policy

Promise to Pay: Amounts for dental services will be charged to your account for you and your family members unless you direct us otherwise. You promise to pay all amounts incurred for dental services by you or family members on your account. If you have insurance we will estimate the amount you owe based on the amount we anticipate to be paid by your insurance company. We will help you with an insurance claim however, insurance is a contract between the policy holder and the insurance company. In the event that your insurance company is slow to pay or disallows a claim, payment of your account is your full responsibility. We may also charge to your account fees set forth below for missed appointments, late payments, returned payments or collection costs. We will provide to you a statement of your balance which will be payable when you receive your statement. We may indicate on your statement that your balance is "pending insurance" and thus not yet payable by you. If you have insurance we may choose not to send you a statement until we know or receive the amount reimbursable by your insurance company.

Missed Appointment Fee: Davis Dental Care may charge a missed appointment fee(s) to your account for appointments cancelled without 24 hour notice.

Late Payment Fee: If payment in full of your balance is not received within 60 days from the date of service, your account will be charged a late payment fee of 1.5% monthly (18% annually). In addition, you will not be allowed to make further appointments except in special circumstances to be evaluated on a case by case basis by us, until we receive full payment of your balance.

Returned Payment Fee: If any check or other payment that you have made on your account is returned unpaid, you will be charged a Returned Payment Fee of \$30.00. This amount may change.

Medical Assistance: I affirm that I am not enrolled in the Minnesota Health Care Plan (MHCP) state funded dental plan for which I am required to see a participating provider.

Collection Costs: If payment is not received under the terms of this Financial Policy and your account is referred to a collection agency or an attorney for collection, we may charge to your account or otherwise collect from you our collection costs, including court costs and reasonable attorneys' fees, to the extent not prohibited by law.

No Waiver by Us: We may waive our right to charge a fee to your account without waiving any other right we have under this Financial Policy including our right to charge that same fee at any other time.

Credit Reports: We, or a collection agency or attorney acting on our behalf, may report late payments, missed payments or other defaults on your account to credit reporting agencies. If you believe that we have information about you that is inaccurate or that we have reported or may report to a credit reporting agency information about you that is inaccurate, please notify us of the specific information that you believe is inaccurate by writing to us at the address above.

As used in this Financial Policy, "we", "us", "our" mean Davis Dental Care. "Services" means any services provided by us. "You", "Your" and "Account Holder" mean the person responsible for paying for services. Payment for services is due when services are provided unless as otherwise noted. By signing below, you are requesting that we establish an open account for you (your "account") as an accommodation to you for the tracking and payment of amounts due and you agree to the terms of this financial policy.

Yes, I agree to the above terms and conditions and wish to establish an account for dental care services.

_____/_____/_____
Signature (Account Holder) Print Name Date

No, I am not interested in establishing an account and understand that full payment for dental care services is due at the time of appointment.

_____/_____/_____
Signature (Account Holder) Print Name Date