

FINANCIAL POLICY

PAYMENT: All estimated fees are required to be paid in full at the time of service. If for any reason the patient is not prepared financially at the time of service, the appointment will be rescheduled. For those having insurance coverage, we will bill the insurance as a courtesy to you. The patient is responsible for their estimated portion: co-pay and deductible, at the time of treatment. If a patient does not have benefits, payment is due at the time of service. For crowns, bridges, partials, dentures, and implants the patient may pay half the estimated total when treatment begins and the other half of the total at delivery. Delivery will not happen until full payment is made.

INTEREST POLICY: Our office policy states that if for any reason there is an existing balance on the account there will be a 5% Interest added to the total outstanding balance.

FINANCING OPTION: We offer 3 month and 6 month interest free financing on treatment through Care Credit. Approval is usually able to be verified in 5 minutes through our office. This allows patients to make monthly payments with no financing charge. Approval is based on your credit.

INSURANCE POLICY: Patient who carry dental insurance, understand that all dental services are charged directly to the patient and that ultimately he or she is personally responsible for payment of all dental services. Any claims not paid by your insurance company after 90 days of submission, will be turned over to you for final payment. The balance on your account will be due in full immediately. Our dental office cannot render services on the assumption that our charges will be paid in full by any insurance company. Jeppson Dental is an in-network provider for some insurance plans. If we are not contracted with your benefit plan, in most cases your insurance company will still pay for a percentage of your treatment. However, your co-pay is usually higher than it would be with a contracted dental office.

NO INSURANCE POLICY: A 10% cash paying discount is available for patients who do not have in-network insurance, are not using financing, and pay in full at the time of service.

COLLECTIONS: If your estimated payment is not received on the date of service, by signing below you authorize Hatch & Jeppson Dental to collect the outstanding debt by using a collection agency. All charges that are 90 days outstanding will be sent to collections. Should this account go to collections, all court costs, attorney fees, and a 25% collection fee will be added. You authorize the release of financially identifiable information concerning your account to our collection agency or attorney, should collection procedures become necessary. Any appointments, that are missed or not cancelled/re-scheduled 24 hours prior to the appointment, will be charged a \$30.00 fee.

I have read and agree with these payments policies:

Signature: _____

Date: _____