

Financial Policy Date _____

At Salnick Dental we feel that everyone benefits when there is a definite and clear understanding of our treatment and financial policies prior to treatment. They are intended to allow us to be fair to our entire family of patients and help control administrative costs.

Appointments/Cancellation Policy

Please be on time for your reserved appointments. We have exclusively reserved the doctor, staff and facility for your personal dental care. If you must cancel, we would appreciate your consideration in giving our office a 24-48 hour notice so that we may effectively re-utilize the time with the doctor and/or hygienist. Failure to show for an appointment, without sufficient notice, could result in a charge to you of a \$75 fee per hour of broken appointment time.

Fees

The fees for quality dental treatment are based on the services rendered and the time needed to complete the treatment. Our office believes the fees charged are a fair representation of the high quality care we provide and in-step with the industry standard.

Payments

1. Payment is due at the time of service. An estimate of your total fee will be outlined in detail with you.
2. We accept Cash, Personal Checks, Visa, MasterCard and Discover.
 - a. **Returned Checks**- There is a \$25.00 fee for all returned checks.
3. We offer options of up to 12 months interest free or up to 48 months traditional payment plans to qualified patients.

Insurance

As a courtesy to you and for your convenience we will bill your insurance company for treatment rendered, provided we have current and accurate benefit coverage information. Please understand that your dental benefit program is a contract between you, your employer and the insurance company. We do not have a contract with your insurance company and therefore have to hold you responsible for any balance on your account. We will expect you to pay your deductible and any out-of-pocket portions at the time services are rendered. In the event your insurance company pays more than estimated we will gladly and promptly refund you. If payment is not received within 60 days we will notify you and bill you for any outstanding balance. In this instance we will assist you in gaining reimbursement from the insurance company directly.

Finance/Billing Charges

Even though we encourage patients to maintain a zero-balance account, in the event your account is not paid in full within 30 days a 1.5% finance charge will be added to the account balance per month (18% annually). In addition to this a \$3.00 billing charge will be applied in order to cover costs of printing and sending each additional statement. The only exception to this is if previous arrangements have been made with our office or we have agreed to wait for payment from your insurance company.

Request for X-rays and Records

A \$10 fee will be charged for all records and x-rays you wish to have transferred. A consent to transfer files form must be filled out for all transfers.

Our office would like to thank you for your time, cooperation and trust in us to deliver comfortable, safe and high quality dental care to you, your family and friends. We also appreciate your understanding in the necessity of the aforementioned guidelines and procedures.

I have read, understand and will abide by the information concerning these office policies.

Responsible Party Signature _____ Date _____