

#### FINANCIAL POLICY

Welcome! Thank you for selecting Penz Dental Care to assist you with your dental health care needs. We will do our very best to provide you with optimal dental care. Our goal is to make you feel as comfortable as possible, and we encourage you to ask questions and be involved in your treatment decisions. This includes your treatment plan as well as our financial policy.

#### **Preventative Services**

For patients with dental insurance benefits, claims for preventative services will be submitted to your insurance, and later a statement with the amount not covered will be sent to you. Payment for any amount remaining is due upon receipt of the statement.

### All Other Dental Services and Treatment

For non-preventative services, payment is due on the day of service unless other arrangements have been made. If you have Delta Dental Premier, we require payment for the deductible and estimated co-pay on the day of service.

## **Optional Payment Terms**

**Full pay reduction**: For patients without a dental benefit plan, we offer a 5% accounting courtesy reduction for patients who pay for their services in full with cash or check on the day of service. For same-day credit card payments, we offer a 2.5% reduction.

**Term loan:** US Bank offers interest-free financing for up to one year for patients who qualify. Patients may apply for a US Bank Platinum Visa card that has no down payment and no annual fee. Please ask us for more information.

Changes to Treatment Plan: Sometimes additional procedures need to be added during the course of treatment upon doctor's discretion that were not previously included in the treatment plan. Patients are responsible for fees associated with additional procedures.

Finance Charges: A finance charge of 1.5% is assessed to statements that remain unpaid after 30 days.

Bounced Checks: A \$30 fee is assessed each time a check bounces.

## Missing or Canceling Your Appointment

In order to serve you better and keep the cost of dental care down, we strive to maintain an efficient appointment system. Our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute.



We require at least 24 hours' notice for any cancelled appointment. After three missed appointments or cancelled appointments (within 24 hours), we will place you on a short call list, which means we will call you when an appointment time becomes available on short notice, or you may call on a day that works for you to check on our availability.

## Insurance Information

As a courtesy to our patients with insurance, we will submit claims to your insurance company free of charge. We will help you receive your maximum allowable benefits. In order to do this, we require a copy of your insurance card and/or insurance policy on your first visit of every calendar year.

A note about dental insurance: Dental insurance isn't really "insurance" (a payment to cover the cost of a loss). It is actually a benefit to help people pay for routine dental services. Most benefit plans are only designed to cover a portion of the total cost of a person's necessary dental treatment. For example, a dentist may recommend a crown for a tooth that has extensive decay, however, the dental plan may only cover the cost of a filling. This does not mean that the patient does not need a crown, only that the benefit is limited to a filling.

# Dr. Penz will diagnose treatment based on your dental health not your insurance coverage.

If your insurance has not paid within 90 days of services rendered, you will need to make full payment to Penz Dental Care. If a payment comes to our office from your insurance company after 90 days, we will issue you a reimbursement check.

Please indicate your understanding and acceptance of these financial policies by signing below. For the mutual convenience of you and the practice, it is understood that this executed copy of the Financial Policy also shall cover your dependent children who are patients of the practice.

Patient's name (please print)	Patient's signature
Date	