

Kerry Olszewski DDS PLLC - Mill Creek General Dentistry

FINANCIAL POLICY

Our primary goal is not to allow the cost of treatment to prevent you from benefiting from the quality care you need or desire. In our office, we strive to maximize your insurance benefits and make any remaining balance easily affordable.

We are happy to submit the claims necessary to see that you receive the full benefits of your coverage; however we cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, please know that we will do everything possible to see that you receive the full benefits of your policy by electronically filing your claim.

We accept the following forms of payment for you patient portion:

- Cash or Check
- Visa, MasterCard, and American Express
- CareCredit & Springstone a patient payment program offering a full range of No Interest and Extended Payment Plans for treatment fees from \$100 and up.

Checks that are returned to our office from your financial institution are subject to a \$35.00 returned check fee. This fee covers the processing fees that are charged to our office by the bank.

PAYMENT FOR SERVICES

Payment is due at the time services are rendered unless prior arrangements have been made. We charge 12% interest annually on all accounts that are 30 days past due including a \$5.00 billing fee.

RESCHEDULING OR FAILED APPOINTMENT

Our practice is dedicated to quality care and exceptional service. Broken and missed appointments create scheduling problems for our team as well as other clients. If you find that you must change your appointment, we require a minimum of 48 hours' notice so that we may make every effort to accommodate other clients.

A fee is charged for patients who miss or cancel without 48 hours' notice:

- **First offense:** \$25 fee
- **Second offense:** \$50 fee
- **Third offense:** \$75 with full payment of rescheduled appointment due in advanced

MAJOR WORK

A deposit of 50 % of the total treatment for procedures must be made no later than the day of the first appointment. The remainder is paid at the time of completion.

MINORS WITH TWO SEPARTATED PARENTS

When two parents are each responsible for one half of the cost of the children's dental care, the parent who brings in the child is responsible for paying the co-payment or full fee. They will also be responsible for collecting payment from the other parent.

After hours emergency visits are billed a separate rate and due at the time of services.

PRINT NAME _____ (PATIENT/SUBSCRIBER)

SIGNATURE _____ DATE _____