



DANE DENTAL LLC

Financial Policy

Thank you for selecting Dane Dental as your dental health care provider. Our goal is to provide you with optimal dental care. We want you to feel welcome and comfortable throughout our relationship. We encourage you to ask questions and be involved in your treatment decisions. This includes understanding your treatment plan as well as our financial policy. Insurance Assistance Insurance companies can be difficult and challenging to understand. Our team will assist you with providing a treatment estimate. Please understand treatment estimates are provided to you as a courtesy and not a guarantee of benefits. Full benefits will be determined by your insurance company when the claim is submitted and processed according to your plan benefit. Dane Dental will not be liable for any services not covered by your insurance company. Payment FULL PAYMENT is due at the time of service. If insurance benefits apply, ESTIMATED PATIENT CO-PAYMENTS AND DEDUCTIBLES WILL BE DUE AT THE TIME OF SERVICE. Unpaid balances over 30 days will be subject to monthly interest of 1.5% interest. Unpaid balances over 90 days will be forwarded to collections.

Financial Assistance We offer the following financial options for treatment

- A. For patients who do not have insurance, we offer a courtesy discount of 3%. Payment must be made at the time the appointment is scheduled to receive the discount.
- B. We accept all major credit cards such as Visa, MasterCard, Discover and American Express
- C. We are pleased to partner with Care Credit for third party financing. To see if you qualify for Care Credit, please go to www.carecredit.com to apply.

Missed Appointments

At Dane Dental, we are truly fortunate to have wonderful patients. Please understand the appointment times are reserved for you and we strive to help with your dental needs. We are aware that life can present all of us with unexpected turns but we request, if possible, that you give us a 48-hour notice so that we may offer the time to someone in need of an appointment. If two or more appointments are missed without proper notice, we reserve the right to assess a "missed appointment" fee of \$45.00 which will have to be paid prior to any appointments being scheduled.

By signing, I acknowledge I have read, understand and agree with the terms and conditions of this financial agreement.

Signature _____ Date: _____