

Financial Policy
Updated 10/26/2020

Brodhead Dental Clinic

Payment Policy:

1. Payment is required at the time of service unless other financial arrangements have been made in advance.
2. Patients with insurance are required to pay their expected portion at the time of service.
3. All copayments and deductibles must be paid for at the time of service.
4. Seniors (age 65+) who do not have dental insurance receive a 10% discount on our fees if paid for in full at the time of service. The discount does not apply to any amount put on a payment plan or financed through CareCredit.
5. At the initial exam we will present a treatment plan. An estimation of cost will be provided. We do our best to provide up front information on costs, but this is only an estimate and is subject to change.
6. We offer 3rd party financing through CareCredit to those that qualify.
7. We do not provide in-house payment plans for new patients that do not have a credit history with our office.

Insurance:

1. The patient is responsible for all fees incurred as a result of treatment.
2. We will file insurance claims as a courtesy to our patients.
3. We are in-network with a large number of insurance carriers as a courtesy to our patients. We may add or drop insurances from our network at any time. We will do our best to communicate any changes to network status to current patients. It is the patient's responsibility to know if they are in-network or out-of-network.
4. The patient is responsible for knowing if their coverage is in effect.
5. If the patient has a change in insurance we need to know immediately.
6. The patient is responsible for any amount not covered by their insurance, even if it was not accounted for in the pre-treatment estimate.

Billing Statements:

1. We will send statements at the beginning of each month for any amount due.
2. Statements will be for the amount a patient is responsible for after insurance pays their portion.
3. Patients with an account balance past 60 days are considered delinquent and have 30 days to pay off the remaining balance.
4. Patients that have an account balance past 90 days are considered uncollectible. These accounts will be turned over to a collections agency. Patients who are turned over to collections will be dismissed from our office.
5. We understand that life situations can come up after treatment has been initiated which results in difficulty paying a bill. Please contact our office to discuss payment terms.

I have received a copy of the Financial Policy, and accept the terms and conditions.

Patient (or representative) Signature: _____ Date: _____
Print Name: _____