NorthView Family Dental

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Thank you for choosing us for your oral health needs. We are committed to providing you with excellent care, and payment of your bill is part of that successful treatment. Our Financial Policy is based on an open and honest discussion of our fees. We hope this will provide you with a complete understanding of our financial policy and answers to questions most frequently asked by our patients including the insurance requirements.

Please Initial when you have read and understood each item below.

_____ Cash Account and/or No Insurance: Payment in full is due at the time of service. We offer several options of payment: cash, checks, Visa, MasterCard, American Express, Discover, HealthCare Credit Cards or other acceptable arrangements on approved credit.

_____ Insurance: If you have insurance, we require 20% down on the day of service. Any outstanding balance is due after your insurance pays. If the insurance does not pay within 45 days we require payment in full within 60 days of services.

■ For those who have other than the tradition 80/20 coverage, we reserve the right to adjust the amount of down payment required on the day of service.

_____ Insurance Billing: As a courtesy, we will bill your insurance. Many people are under the impression that if they have insurance, it is the insurance company who owes the doctor for their services. This is not the case. The insurance contract is between you and the insurance company. **As a health care provider, we are not party to that agreement. It is your responsibility to know what your contract covers or pays and to communicate this to us.** Therefore, you are responsible for charges incurred, regardless of insurance coverage.

_____ Minors: Payment for services of the treatment of minors is the responsibility of the adult accompanying that minor.

_____ Missed Appointments: Be advised that the policy of this office is to charge for missed appointments unless they are cancelled 24 hours in advance. Once an appointment has been made, please remember this time has been reserved specifically for you. This better enables us to serve your needs.

_____ Service Charges: A service charge of 1.5% per month (18% Annual Percentage Rate) will be assessed for any balance remaining after 60 days.

Insurance companies use the term “Usual and customary” when setting fee limitations of services. The term suggests, but does not necessarily reflect the average fees charged by doctors in the community. Please be aware that some insurance companies will pay a claim percentage based upon the “usual and customary fees” and not our actual charges.

This office accepts the responsibility of billing the patient’s insurance company. However, it is the responsibility of the patient to supply us with complete and correct insurance information. Incorrect or delayed information may result in delayed payment by the insurance company, which may result in late fees being applied to your account.
I authorize payment directly to Northview Family Dental, PLLC for the Dental Benefits otherwise payable to me.

I understand and agree to this Financial Policy and Agreement.

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Signature of patient/responsible party Date