

PeaksView Dental, LLC

Office & Financial Policies

Updated 1-1-2019

For your safety and privacy of others, please register at the front desk before accompanying a staff member to a treatment room.

Children are to remain in the reception area, unless they are the patient.

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve that allows you to enjoy a healthy, beautiful smile with respect to your budget. Dental treatment is an excellent investment in an individual's medical and psychological well being. Financial considerations should not be an obstacle to obtaining this important, life-enhancing care. We are always available to answer your questions or assist you in any way we can.

Financial Policy:

Patients without dental insurance: All of our fees are due and payable at the time treatment is rendered.

Please keep in mind this office does not "carry" balances or take "payments". If you cannot pay for your services in full, please use a credit card or apply for outside financing in advance.

Patients with dental insurance: Payment of all known deductibles, co-payments and noncovered services will be requested in full at the time service is rendered. We will file the necessary forms to help you receive the full benefits of your coverage; however, **we can make no guarantee of any estimated coverage or payment.** Because the insurance policy is an agreement between you and your insurance company, we ask that all patients be responsible directly for all charges. By signing this form, you authorize and request your insurance company to pay us directly. **Any overpayments that are received by our office can be reimbursed to the patient at your request. Otherwise, the credit will be applied to your next visit.** Please know that we will do everything possible to see that you receive the full benefits of your policy.

Payment Options:

Cash or Check

Credit Cards

We are happy to accept payment by MasterCard, Visa, American Express, or Discover.

Care Credit

By arrangement with Care Credit prior to treatment, we are able to offer our patients an interest-free line of credit separate from your other credit cards. There are no applications or annual fees, and no down payment is necessary. Your monthly payment can be as low as 3% of your balance. Applications are available from our office staff and you can usually be approved within 30 minutes or less.

Balances are due 15 days from statement date. Interest will accrue on amounts over 30 days old at 18% APR.

Bills over 60 days old will, unless you inform us in writing of extenuating circumstances, be turned over to a collection agency. I understand if my account becomes assigned to a collection agency, I agree to pay all collection agency fees, courts cost and attorney fees. I agree that this authorization shall be valid until rescinded in writing or replaced by an updated agreement. In the event that this occurs, credit will no longer be extended to you and you will be required to pay at the time of service, regardless of insurance coverage.

Our fee for returned checks is \$25.00. If you fail to show for an appointment or give us less than 24 hour notice, \$25.00 will be charged to your account.

If you have any questions regarding our policy or your account, please do not hesitate to contact our office.

I have read and I understand the office/financial policies.

Printed Name: _____

Patient/guardian signature

Date