



Financial Policies

Welcome to Montana Center for Laser Dentistry we accept several forms of payment for dental treatment provided at this office

**Cash, Debit Card, Personal Check, Business Check (by an authorized person)
MasterCard, Visa, American Express, Discover Card, Care Credit**

We do offer a 5% discount if your account is paid in full with either cash or check before your appointment, or the day of treatment.

Dental Insurance: Understanding your insurance coverage can be quite a challenge. Our goal is to assist you in maximizing your benefits; we care for patients from many different employers. Each company pays an insurance premium for specific coverage which fits the employer’s budget. Each plan is different in its covered services. It is important for you to understand that in most cases your insurance is designed to reduce your cost, **NOT** eliminate it completely. We encourage you to become familiar with your policy exclusions, deductibles and required co-payments.

Our courtesy service to you includes:

- We will make every effort to inform you of your treatment requirements and associated fee ranges. We follow all American Dental Association guidelines for coding procedures.
- Filing your insurance electronically (when available) within 24 hours of service and requesting payment be sent directly to us. If you have dual insurance, and provide us with that information, we will be happy to submit to them after your first insurance has paid their portion. Any payment not received after forty-five (45) days of filing becomes the responsibility of the patient. Payment from the patient is expected within ten (10) days of notification, unless prior written arrangements are made.

Our expectations of you as the owner of the policy:

- Payment of fees not covered by your insurance plan at time of treatment, this will include any co-payments or deductibles.
- Please understand that the insurance policy belongs to **you** and we have no leverage to obtain payment from your insurance carrier. Realize that dental insurance policies restrict payment for some services, use restricted fee schedules (called UCR) and exclude some

procedures based on prior conditions or length of time on the plan. All restrictions are based on the premium paid for the insurance, not our fees or recommended treatment.

- It will be your responsibility to pay any fees your insurance has not covered after 60 days. I authorize Montana Center for Laser Dentistry to keep my signature on file, and charge my credit card with the balance of the charges not paid by my insurance or myself 61 days after treatment has been rendered.
- If any amount is left outstanding, subsequent statements will be charged a \$5.00 late fee and interest will accrue at 1.5% per month of the outstanding balance. Any expenses incurred in collecting a past due account will be added to the balance. Expenses can include but are not limited to attorney fees, collection agency fees up to 45%.
- Understanding that I am authorizing The Montana Center for Laser Dentistry PLLC to release to my insurance company, information acquired in the course of my dental care.
- I authorize benefits to be paid directly to the Montana Center for Laser Dentistry PLLC.

New Patients, including those requiring emergency care are expected to make full payment at the time of their office visit.

I have read and accept all of the terms and conditions of this Financial Policy

Date _____ Responsible Party Signature _____

What family members are covered by this agreement? _____

Credit Card on file * required* Please circle MC, Visa, Amex , Care Credit

_____ V-Code _____ Exp Date _____

Please note, we will attempt to collect via Statements and invoices, if your account is not paid in full within 30 days of the 1st notice, we will charge the credit card we have on file for you.