## Moses Lake Family Dentistry... Financial Policy

Thank you for choosing Moses Lake Family Dentistry as your dental health care provider. We are extremely privileged to serve you. As a dedicated team, we are committed to your successful treatment and consider comfortable payment for services to be an important part of that success. In order to provide you with the highest quality care and service, we have implemented the following financial policy.

Every attempt will be made to provide patients with an estimate of fees prior to treatment beginning. Payment for services rendered will be due at the time of service. For those patients with insurance benefits, your estimated co-payments and deductibles are to be paid the day treatment is provided. As a courtesy to our patients, we will gladly submit claims to your insurance company(s) to help you receive the full benefit of your coverage. Regardless of your insurance contract's determination of allowed charges, usual and customary rates or amount of reimbursement, the total fee for services rendered is the sole responsibility of the patient or their guardian.

## \*A 5% discount will be given to our patients who pay prior to date of service.

Accepta	b	le	fo	rms	of	pay	ment:
---------	---	----	----	-----	----	-----	-------

- A. Cash or check
- B. VISA, MasterCard, American Express or Discover

C. <u>CareCredit Financing</u>. Care Credit is a nationwide healthcare financing company that has helped millions finance their treatment needs. Applications are handled like a credit card, and can be done from our office. Just simply ask one of our front desk staff if you would like more information.

For outstanding balances left on accounts after 45 days, regardless of insurance coverage, interest charges in the amount of 1.5% per month will be incurred.

I have read the above financial policy and understand that I am solely responsible for the entire payment of services rendered by Moses Lake Family Dentistry.

Signature(parent or guardian)	Date