

Schramm Dentistry

Financial Policy

We appreciate your selection of our office to serve your dental health needs. Our goal is to provide the very best possible dental care for our patients so that each may achieve optimal dental health throughout their lifetime. We hope that you understand that our credit and collection policies are a necessary part of assuring that the financial resources needed to maintain this office for you and the community are preserved. Therefore, we have instituted this Financial Policy. We ask that ALL RESPONSIBLE PARTIES READ AND SIGN this Policy before being seen by our doctors.

Unless prior arrangements are discussed, PAYMENT FOR SERVICES ARE DUE AT THE TIME SERVICES ARE RENDERED. We accept cash, checks, VISA or Mastercard. We are happy to process your insurance claim for any carrier with which we are able to do so. For us to complete this task, it will be necessary that you provide us with your current dental insurance card and any other necessary information that may be needed to file your claim. We may accept assignment of insurance benefits for some carriers. Any problems that may arise between you and your insurance company dictates that we inform you of the following:

1. YOUR INSURANCE POLICY IS BETWEEN YOU, YOUR EMPLOYER WHEN APPLICABLE AND THE INSURANCE COMPANY. WE ARE NOT A PARTY TO THAT CONTRACT. OUR RELATIONSHIP IS WITH YOU, THE RESPONSIBLE PARTY.
2. All charges are your responsibility whether your insurance company pays or not. All services may not be covered under your insurance policy. You will be responsible for payment of any non-covered services, unpaid deductibles, and co-payments at the time of service.
3. In the event that your insurance carrier has not made necessary payment within 30 days, you are asked to contact the carrier to facilitate the process and to provide any additional information necessary to process your claim.
4. In the event that your insurance carrier has not made necessary payment within 60 days, you are asked to make payment in full.
5. Accounts outstanding more than 60 days from treatment date will bear interest at 1-1/2% per month or 18% per annum.
6. Accounts on which checks have been returned for insufficient funds will have a charge of \$25.00 added to the balance. Additional personal checks will then no longer be accepted for payment.
7. All balances older than 120 days will be reviewed and reported to Equifax Credit Bureau.

We understand that temporary financial problems may affect timely payment of your balance. In many cases, applying for Care Credit through our office can be a viable payment alternative.

Again, thank you for choosing our office for your dental needs.

I HAVE READ THE FOREGOING FINANCIAL POLICY AND AGREE TO FOLLOW ITS TERMS AND CONDITIONS.

Signature: _____ Date: _____

Signature: _____ Date: _____