

Financial Policies and Options

Dr. Michael Fuesting

We have several financial policy options available for your convenience in receiving the proper dental care.

- **Cash or check**- Payment in full is due when services are performed. If we do not file insurance for you, a 5% courtesy will be applied to all services.
- **Master Card, Visa or Discover**-Payment in full is due when services are performed. If we do not file insurance for you, a 3% courtesy will be applied to all services.
- **Dental Insurance**-Most insurance companies will not cover 100% of all dental expenses. Your portion, not covered by insurance, is due at the time treatment is performed.
 - Please understand that dental insurance is a contract between the patient and the insurance carrier, and not between the insurance carrier and the dentist. The patient is still the responsible party regarding dental fees. We will be glad to process your insurance forms at no charge.
 - Please be aware that we are only capable of approximating your portion due to the large number of insurance companies and to the periodic changes within their contracts without notifying each dental office of these changes. If your insurance changes from your last visit with us, please notify us of the changes before your appointment.
 - In the event that your insurance company sends the check to the subscriber instead of the provider, full treatment balance will be due the day of service. You will be reimbursed by your insurance company.
- **Financing**-With credit approval we are able to offer 12 months interest free financing through Personal Finance Company, located in Towne Center. Extended financing is also available, with interest, for larger treatment. Please ask for details.

- **Finance charges-** this office does not carry open accounts. If due to unforeseen circumstances, your account should have a balance over 30 days you will be charged a finance charge of 1.5% (18% annually). In the event of default, you will be responsible to pay legal interest on the indebtedness, together with such collection costs and attorney fees as may be required to effectively collect the account balance.
- **Broken Appointments-** the nature of our services is such that when we reserve appointment time for you, it is not possible to schedule another patient. We reserve an operator, a hygienist, or doctor and assistant's time, sterilize instrument packs and spend time to set up the operatory before your arrival. With that said, a failed or broken appointment, with less than one full business day notice, will incur a broken appointment charge in direct proportion to the length of the scheduled appointment. All fees will need to be paid before an appointment will be rescheduled.
- **Returned checks-**A check returned for any reason will incur a \$25.00 service charge.

In the event that I have insurance, I hereby authorize payment directly to Dr. Mike Fuesting. I understand that I am financially responsible for any charges not covered by insurance. If I do not carry insurance, or if my current policy terminates, I understand I am responsible for the full treatment balance on the day of service.

Signature of responsible party

Date

Print name

I authorize your office to transfer any outstanding balance on my account to my credit card. This will ensure I do not receive finance charges.

Credit card number

Expiration Date

Signature