

New Life Dental Arts Financial Policy

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 care. We are always available to answer your questions or assist you in any way we can. To maintain the practice operations and prevent misunderstanding, we ask patients to accept and adhere to financial arrangements regarding their dental treatment.

Payment for our services is due at the time of service. If you are covered under a dental insurance, all co-insurance and/or deductibles must be paid at the time of service. We accept cash, money orders, personal checks and Visa and MasterCard. For payments over \$300.00 we also offer interest-free financing options through Care Credit or Citi Health Card, which are third party healthcare financing organizations.

Insurance: As a courtesy, our office will file claims and deal with all insurance matters for you; however, your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Our office strives to provide quality, dependable, and esthetic dental care. The "least expensive" insurance solution is seldom in the best interests of patient health. It is important to understand that insurance companies draw all contracts with the patient's employer. Their plan may not fit your overall dental health requirements. Any balance owed after insurance pays is your responsibility. If your insurance company has not paid your account in full within 60 days, the balance is then your responsibility. Secondary insurance is submitted after primary insurance payment has been received.

Returned checks / Insufficient Funds: Checks or Credit Card payments that are returned as a result of insufficient funds/stopped or an account being closed will be assessed a \$ 25.00 processing fee per RCW 62A.3 515.

Appointment Cancellation / Missed Appointment: This time has been reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hour notice to avoid a \$ 50.00 cancellation fee per RCW 62A.3 520.

Late Payments: In the event your account becomes 90 days past due, we will assess a late charge equal to 12% per year of the outstanding account balance or \$1.00, whichever is higher, per RCW. 19.52.020 (1). Failure to pay your account within 90 days will result in your account being turned over to a collection agency and reporting to the credit bureaus.

Signature of Patient or Legal Representative

Date

*****PLEASE KEEP THIS COPY FOR YOUR RECORDS. THIS FORM WILL BE SIGNED
ON THE COMPUTER AT THE OFFICE*****