

## **Mountain Dental PC**

345 Garfield Street  
Lander, WY 82520  
307-332-5230

### Financial Policy

Payment at the time of service by cash, check, or credit card is expected. A discount of 5% will be given to those who pay in full, at the time of service, by cash or check. A 3% discount will be given for credit card payment. Discounts are not applicable for those with outstanding balances, which require billing.

### Credit Terms

As a courtesy to our patients, payment plans may be set up with the office. We consider credit a privilege and require that patients adhere to the following terms:

1. No credit will be extended to new patients until they qualify by paying, at the time of service for a total of four consecutive appointments.
2. Once credit is established, a down payment of 30% of the treatment fee (minimum of \$30.00) is to be paid at each appointment. If one has well-documented insurance or has shown to us the booklet of coverage by their carrier, then only 30% of their portion of payment is required.
3. A monthly minimum of 20% of the remaining bill is required (minimum payment of \$25.00, if bill is under \$125.00). A late fee of \$5.00 will be charged if monthly payment is not received by the 30<sup>th</sup> of each month.
4. When the balance exceeds \$500.00/individual or \$1000.00/family, routine dental work will be delayed until balance falls below these levels.
5. A grace period of 90 days is extended before an interest rate of 18% APR begins to accrue.

If we have a check returned for non-sufficient funds there will be a \$25.00 return check charge.

You may be turned over to a collection agency if your account is 90 days past due. If that happens you may be required to pay Attorney Fees.

### Credit denial or suspension

1. Inability or unwillingness to follow credit terms
2. Three (3) "no show" appointments in one year
3. Past credit problems with this office
4. Unwillingness to pay finance and/or late charges

**Insurance**

I authorize payment directly to the dentist or dental group of insurance benefits otherwise payable to me. I understand that my dental care insurance carrier or payer of my dental benefits may pay less than the actual bill for service, and that I am financially responsible for payment in full of all accounts.

As a courtesy to our patients we process your insurance. We request that any change in insurance be reported to us in a timely manner. If we were not informed of changes and duplicate claims are required there may be a charge to your account.

If you are able to provide our office with the coverage information contained in your insurance manual, we may be better able to estimate your portion of the bill at the time of service.

**Equality Care and KidCare**

Any recipient who seeks service without a valid current Recipient Identification Card is responsible for all charges.

If a recipient cannot produce a Recipient Identification Card upon request, you will be requested to:

- Return with the card or a temporary print out from DFS
- You may pay for your appointment in full and when you can return with the card and verification of coverage we will refund your full payment.
- We cannot accept a telephone call from DFS as they are not the organization that covers the payment.

**KidCare**

KidCare does not have the same coverage as ACS. There is a yearly maximum that is allowed and they only pay for certain procedures. Payment for the procedures that are not covered are expected at the time of service. There are different plans with KidCare and you may have a co-pay with your dental appointments this co-pay is due at the time of the appointment.

I \_\_\_\_\_ understand the financial policy of Mountain Dental PC and agree to follow it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date