

Posthumus & Biorn INC

OUR FINANCIAL POLICY

Thank you for choosing **Posthumus & Biorn Inc** as your dental health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. All patients must complete our Information and Insurance form before seeing the doctor. Your portion of the bill is due at the time of service.

We accept **Cash, Check, Mastercard, Visa and Discover, & no interest payment options available with Care Credit.** We reserve the right to charge you \$30.00 for all returned checks.

Regarding Insurance

As a service to you we will submit services to your insurance company. We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full within 60 days, the balance will be automatically transferred to you for full payment. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your dental plan. We reserve the right to contact the Insurance Commissioner on your behalf if necessary & to deny treatment and terminate our relationship due to non-payment for treatment being received or uncollectible balances on account.

Usual & Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients

The parents (or guardians of the minor) are responsible for full payment. A Parent or guardian must accompany the minor patient; please come with your child to the appointment or treatment may be denied.

Missed Appointments

Unless canceled, at least 24 hours in advance, our policy is to charge \$30.00 for missed appointments. Please help us serve you better by keeping scheduled appointments. We reserve the right to terminate our relationship due to a history of missed appointments.

Interest

We reserve the right to charge interest in the amount of 18% as provided by state law on all account balances over 90 days. Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy:

X _____ Date _____
Signature of Patient or Responsible Party