

*Martin Dental*

*1001 Madison Ave*

*South Milwaukee, WI 53172*

**FINANCIAL POLICY**

We are pleased that you have selected us as your dental care provider. We are happy to assist you in any way possible, therefore we have updated our financial policy that goes into effect January 1, 2015.

**Promise to Pay- Amounts** for dental care services provided to you or your family members may be charged to your account, unless you specifically instruct us otherwise. Your promise to pay us all amounts owed on your account under the terms of this Financial Policy when billed. If you have insurance, the amount you owe for services may be estimated based on the amount anticipated to be paid by your insurance company. We will assist you with an insurance claim however, insurance is a contract between the policyholder and insurance company. The anticipated amount to be paid by your insurance company may be charged to your account until we receive payment from your insurance company. However, in the event your insurance company is slow to pay or disallows a claim, payment of your account is your full responsibility. We may also charge to your account fees set forth below for missed appointments, returned payments, late payments, or collections costs. We will provide to you a statement for your balance, which will be payable when you receive your statement. We may indicate on your statement that your balance is pending insurance and thus not yet payable by you. If you have insurance coverage, we may choose not to send you a statement until we know or receive the amount reimbursable by your insurance company.

**Payment of Services-** We ask that before any major or minor service any co-insurance or deductibles are paid at time services are rendered. We understand circumstances to happen so if payment cannot be made in full we ask that payment arrangements are made.

**Missed Appointment Fee-** Your appointments are reserved exclusively for you and so we ask that enough time is given if you are unable to make it that we can fill the time slot. Any last minute or no call/no shows may be charged a fee based upon the length of the appointment.

**Returned Payment Fee-** If any check or other payment that you have made on your account is returned unpaid, you will be charged a Returned Payment Fee which is currently \$30.00 and may be adjusted.

**Collection Costs-** If for any reason an account goes unpaid and we refer your account to a collection agency, we may charge to your account or otherwise collect from you our collection costs.

Yes, I agree to the above conditions and have asked any questions that I may have come across.

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Account Holder's Signature

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Print Name

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Date