

FAMILY DENTISTRY



Associates of Monona

101 Franklin St. - Monona, IA 52159 - (563) 539-4651 - www.familydentistrymonona.com

To All Our Patients:

Our staff and Doctors wish to thank you for your confidence in allowing us to address your family's dental needs. We make every effort to offer our patients state of the art techniques and apply all new, practical, and positive developments to our dental practice. To keep our professional office on a sound business basis, we seek your help in complying with an office policy that will enable us to offer you the best possible service at the lowest fee. The costs for dental services, like the costs of many other services we receive, are based on a great many factors such as rent, wages, insurance, supplies, lab fees, lights, heat and numerous other expenses. We need your cooperation to help us hold our expenses and in turn, our fees, to a minimum. For these reasons the following financial policy is in effect in our office:

- * Many dental procedures are accomplished at one visit. Examples include fillings, extractions, and polishing teeth. If you do not have dental insurance, full payment is required the day the service is rendered. We accept *MasterCard, Visa, Discover or American Express*. For prepaid extensive treatment plans, we offer a bookkeeping courtesy savings with our VIP plan. Ask our receptionist for the specific details of our VIP plan.
-If these options do not fit your budget, simply consult one of our financial secretaries and they will explain to you our monthly payment option - Healthcare Credit and CareCredit which can offer up to 1 year without interest.
- * There are other dental procedures that require multiple or sequential treatment. Crowns and Root Canal therapy are examples to these. For these procedures we ask that a minimum of 50% be paid when treatment has begun, with the remainder paid at completion.
- * If you have dental insurance, we require your coinsurance payment the day of service. Your portion will be estimated using the insurance information we have in our office. If this results in a credit balance, those dollars will be refunded to you at the end of the month. It is important to remember that in all insurance situations, the patient is ultimately responsible for compensating us for our services.
- * A yearly interest rate of 18% (1.5% monthly) will be applied to balances over 30 days.
- * We send statements out as a courtesy to all our patients regardless if a patient has pending insurance or not.

*Broken appointments are a disappointment for everyone. They interfere with dental treatment and cause unnecessary scheduling problems. Therefore, we will make every effort to schedule appointments that are most convenient for you. **CONSEQUENTLY, WE REQUIRE THAT YOU MAKE EVERY EFFORT NOT TO CHANGE YOUR APPOINTMENT TIME ONCE IT IS MADE FOR YOU.** If appointments are missed or changed on short notice, your status as an active patient at our office may change. If appointment changes cannot be avoided, we require 48 hour notice.*

~ We feel these policies provide the fairest possible results for everyone concerned. We appreciate your cooperation. If you have any further questions, please ask. ~

I have read, understood, and agree to the aforementioned office policy:



Signature: _____

Date: _____