



Scott W.W. Steedman, D.D.S., M.P.H., P.S.

We are committed to providing you with the best possible care and to a trusting partnership with you in your dental treatment. Please ask if you have any questions about our financial and appointment policy, fees or your responsibility at any time. Your clear understanding of our financial and appointment policy is important to our professional relationship. As a service to you we attempt to verify your dental coverage with your insurance company and we will submit your claim directly to them. Although we estimate insurance payments as closely as possible based upon information we can obtain from the insurance company, any balance on your account is ultimately your responsibility and not that of your insurance company.

Insured: We ask that you pay the non-insured amount at each visit, which for most routine treatment is an average of 30% of total charges. Some treatment, such as onlays, crowns, bridges, and oral surgery, require 60% payment. If your insurance company has not paid your claim within 45 days, we ask that you pay any balances and seek reimbursement from your carrier. A finance charge is made to account balances after 60 days from the date of service, regardless of insurance claims pending.

Non-Insured: Payment is expected at the time of service for all treatment will be expected. We accept MasterCard, Visa, American Express, personal checks, money orders and cash. Financing for dental treatment is available upon approval through Capital One. All balances not paid in full at time of treatment must be pre-approved by the business office and will be subject to a financing charge of up to 1% per month (12% annum.) or a \$5.00 min. service charge.

Third Party Injury Cases: When the patient is depending upon another party at fault (upon verification from the payer), we will extend financial arrangements, the understanding that the balance for all services and finance charges will be paid in full at the time of a settlement or an agreed upon date, we may also file a lien to insure payment of account balance.

For All Patients: We mail statements monthly to keep you informed of your account balance, including pending insurance claims. Please help us serve you and our other patients, by keeping your scheduled appointments. As a courtesy to you, we **attempt** to confirm all appointments, however if you must cancel or change your appointment 48 hours notice is required and must be done during business.

The minimum fee for a short notice cancellation and/or broken appointment is \$150.00.

Office hours are Mon., Tues., and Wed. 8:00am-5:00pm, and Thurs. 7:00am to 4:00pm.

Responsible Party's Signature: _____ Date: _____