SHAWANO FAMILY DENTISTRY

STATEMENT OF FINANCIAL POLICY

Patient/Guardian:_____ **DOB:** _____

Dependants:_____ **DOB:**_____

_____ **DOB:**_____

We accept cash, checks, and all major credit cards to meet your financial obligations at the time services are rendered. We are unable to bill patients or set up payment plans.

Patients with Insurance

We are considered out of network for all insurance companies. Your estimated deductible and co-insurance amounts are due at the time of treatment. We will file the insurance claim to your insurance company as a courtesy to you. Any balance due after your insurance company has paid their portion or denied payment is your responsibility. Please keep in mind your insurance policy is a contract between you and your insurance company.
Medicare Insurance: We will submit the claims to them as a courtesy to you if we are able to. Patients will be expected to pay for balances in full at the time of service. Medicare will then send you the payment directly if they choose to pay for the service. We are unable to submit insurance claims to Medicaid or any Medical Insurance plans.

We cannot bill your insurance company unless you give us current and correct information. Please make sure you provide us with the correct:

- Copy of the current insurance identification card
- Social security number
- Full and legal name
- Birth date of the insured
- Current address

Responsible Party

Co-pays, deductibles, estimated amounts that your insurance is not going to cover or the full amount for services is due at the time that services are provided to you. If you have insurance and your insurance company denies payment, you will be responsible for paying that full amount. We do not have payment plan options.

Minors and Appointments

The parent or the legal guardian of the minor will be responsible for the full payment at the time of service. If minors come unaccompanied, treatment consents and payment arrangements must be made prior to the appointment or non- emergency treatment may be denied. Once a patient reaches the age of 18, they will be moved to their own account and will be deemed responsible for their own account.

Miscellaneous Fees

Past due accounts may be subject to collection fees and/or third-party action. If there are extenuating financial circumstances, please communicate this to our staff. We must collect fees so that we can meet our financial obligations and continue to serve the people of the greater Shawano area. Thank you for understanding.

Missed Appointments and Cancellations

We strive to get our patients in our schedule in a timely manner. In order to provide the best services possible, we ask that patients provide us at least a 24-hour notice for cancellations or to reschedule an appointment. We understand that unexpected circumstances happen, which may cause our patients to miss, short notice or cancel their appointments. Multiple failed or last-minute cancellations may lead to a fee of $20.00 for each missed appointment or a dismissal from the practice.

Consent

I have read and understand to the above terms and conditions. I understand that I am financially responsible for my account and payment is due in full at the time services are provided for myself and my dependents listed above.

Patient/Guardian Signature:_____**Date:** _____