## Molly R. Gannon, DDS 512 Old Corvallis Road, Hamilton, MT 59840 (406) 363-1211

## FINANCIAL POLICY

Welcome to our practice! It is our goal to provide you with the highest quality of dental care and to serve you in an efficient and professional manner. In order to build a mutually agreeable and positive relationship, our financial policy is stated below.

PAYMENT IN FULL IS REQUIRED AT THE TIME SERVICES ARE RENDERED.

You may choose one of the following methods of payment:\*

- 1. Cash or check: A 5% discount is offered to patients without insurance when paying in full with cash or check on the day of service; this discount is not applicable to any patient filing an insurance claim.
- 2. Credit/ Debit/HSA Cards (no discount is offered when paying with any card)
- 3. Care Credit Payment Plan: Care Credit is a healthcare credit card; monthly payments are paid to them. Care Credit offers a 6 or 12 month no-interest plan, or an extended plan with 14.9% interest. (Brochures with further information are available)
- 4. Payment Plans: If you are an <u>established patient with an account in good standing for a minimum of two years</u>, we will accept a down payment and the balance fully paid with 6 monthly installments. A finance charge of 1% per month will be added to balances carried beyond 30 days for an annual percentage rate of 12%.
- \*Any balance will be charged a finance charge of 1% per month if carried beyond 30 days for an annual percentage rate of 12%. Late fees of \$10.00 will be assessed monthly for missed payments.

DENTAL INSURANCE – <u>WE ARE AN OUT-OF-NETWORK PROVIDER</u>; if you have dental insurance, payment of the balance not covered by your insurance plan is due on the day services are provided. For your convenience, we will gladly bill your insurance provider as a courtesy to you. We will bill a maximum of 2 times for the same service. After that, it is your responsibility to seek reimbursement from your insurance carrier. <u>Please note</u>: in the event that your insurance provider does not pay the balance within 60 days, you are responsible for the entire balance payable within the next 30 days.

DOWN PAYMENTS – Down payments are required on all work requiring laboratory services such as crowns, bridges, implants, dentures and partial dentures. This includes patients with dental insurance coverage.

MISSED APPOINTMENTS – If you are unable to keep a scheduled appointment, we require 24 hours notice of cancellation. If no such notice is given, a missed appointment fee of \$25.00 may be charged. If a second appointment is missed, a fee of \$50.00 will be charged, and we will require payment of \$100.00 before scheduling another appointment, which will be applied to your balance. If that appointment is missed, however, the \$100.00 will be applied to a loss of time fee and no further appointments will be made.

## IMPORTANT INFORMATION REGARDING DENTAL INSURANCE:

Your dental insurance is a benefit program between you and your carrier, not your carrier and our office. Your coverage and our fees for services rendered may vary. Any difference or procedures not covered by insurance is your responsibility. ALL INSURANCE PLANS ARE DIFFERENT, AND WE SIMPLY CANNOT KNOW EACH INDIVIDUAL PLAN. THEREFORE, WE ASK OUR PATIENTS TO KNOW THEIR OWN DENTAL COVERAGE, MAXIMUMS AND WAITING PERIODS. WE WILL NOT BE RESPONSIBLE FOR DENIED CLAIMS FOR ANY REASON.

I hereby acknowledge that I have read the above financial policy and fully understand it. I agree to abby the financial policy of Dr. Molly R. Gannon, DDS.	
Signature	Date