

## FINANCIAL POLICY

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Thank you for choosing Prairie Endodontics as your dental health care specialist. Our main concern is you receive the proper and optimal treatment needed to improve and maintain your oral health. To avoid any misunderstandings regarding payments for services rendered, we are providing you with this statement of our financial policy. If you have any questions or concerns about our payment policies, please do not hesitate to ask our office staff.

1. For your convenience, our office accepts cash, personal checks, Visa, MasterCard, Care Credit or Discover.
2. **Most dental insurance plans do not cover 100% of the cost of your treatment. Because of this, you will be asked to pay your deductible as well as your *estimated* portion of your charges the day services are rendered. There is a separate fee for consultation and any necessary diagnostic imaging at your initial visit.**
3. We will work on your behalf to estimate as closely as possible your dental coverage, but until we actually receive payment from your insurance carrier, it is just that- an estimate. If we do not receive payment from your carrier within 60 days, the entire balance is due from you.
4. Your insurance policy is a contract between you, your employer and the insurance company. We are not a party to that contract. Our relationship is with you, and not your insurance company.
5. **Please understand that we file and accept assignment of your insurance benefits as a courtesy to you. If your insurance denies coverage or does not pay for any reason, you are ultimately responsible for any and all charges incurred in our office.**
6. Account balances older than 60 days will be subject to finance charges of 1.5% per month, 18% per year, which will be added to your account. Balances older than 90 days will be subject to collection proceedings. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees.
7. Returned checks will be subject to additional collection fees of \$35.00
8. Please understand we reserve time in our schedule to provide services for you. A \$50.00 fee will be applied to your account in the event of a cancellation of less than 24 hours.

Thank you for trusting us with your dental care. Any questions may be directed to our Business Manager. We can be reached at 515-393-2556 during regular business hours.

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### ACKNOWLEDGEMENT OF NOTICE OF FINANCIAL POLICY

**My signature certifies that I have read and understand Prairie Endodontics Financial Policy. I agree to abide by it, and will pay today with one of the following.**

Cash    MasterCard    VISA    Discover    CareCredit    Check

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Signature (patient/guardian)

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Date