

Financial Policy

At Montana Dental Works we bill dental insurance as a courtesy. We accept several forms of payment for dental treatment provided for those without dental insurance. Cash, Check, Debit Card, Credit Card and Care Credit are accepted as forms of payment.

Dental Insurance:

Understanding your insurance coverage can be quite a challenge. Our goal at Montana Dental Works is to assist you in utilizing your benefits; however, each plan is different in its coverage, so it is important for you to understand that in most cases your insurance is designed to reduce your cost, **NOT** eliminate it completely. We encourage you to become familiar with your policy exclusions, deductibles and required copayments.

Our courtesy service to you includes:

We will make every effort to inform you of your treatment needs and associated fee ranges. We follow the American Dental Association guidelines for coding procedures.

Filing your insurance electronically (when available) within 24 hours of service and requesting payment be sent directly to us. Any payment not received after sixty (60) days of filing becomes the responsibility of the patient. Payment from the patient is expected within ten (10) days of notification, unless prior written arrangements are made.

Our expectations of you as the owner of the policy:

Payment for services not covered by your insurance plan are due at time of treatment, this will include any co-payments or deductibles.

Please understand that the insurance policy belongs to **you** and we have no leverage to obtain payment from your insurance carrier. Realize that dental insurance policies restrict payment for some services, use restricted fee schedules (called UCR) and exclude some procedures based on prior conditions or length of time on the plan.

It will be your responsibility to pay any fees your insurance has not covered after 60 days. If any amount is left outstanding, subsequent statements will be charged a \$3.00 late fee per month of the outstanding balance.

I have read and accept all of the terms and conditions of this Financial Policy

Date: _____

Responsible Party Signature: _____

What family members are covered by this agreement? _____