

**James G. Fritsche D.D.S.**

We appreciate the trust you have shown in us by selecting our office to provide your dental care. We believe in providing the best care for our patients. To help meet your needs and keep costs reasonable, we have established the following policy.

**Financial Policy**

**Payment Options:**

In full at time of service: Made by cash, check, Discover, Mastercard, or Visa and receive a 5% courtesy discount.

Automatic credit card deduction

Established good credit: We will bill you. Payment in full is expected within 21 days of statement date.

Treatment plans exceeding \$500: Required to have a pre-arranged agreement with the Office Manager.

\*\*Default of payment: Any balances not paid in full within 60 days from date of transaction will result in a 1.5% monthly finance charge. If not discussed with Office Manager, the account may be turned over to a collection agency and patient dismissal.

**Financial Responsibility:**

Children under 18: The parent/legal guardian who brings in the child is responsible for payment.

Divorce/Separation: Please notify office staff immediately so accounts can be separated for future billings.

Patients over age 18: If a dependent, we will bill the parents with written approval. If someone is under legal guardianship it is necessary for the guardian to sign forms. Our patients are responsible for all charges incurred.

\*\* We feel it is important to keep you informed of your treatment costs. As a courtesy we will give you a printed estimate for services over \$500. At any time you may request an estimate. Please keep in mind it is an estimate and not a guarantee. Special circumstances can arise that may alter treatment or fees.

**Insurance Policy**

We are happy to file the necessary forms to help you receive the full benefits of your coverage(s); however we make no guarantee of any estimated coverage or payment. Because insurance is an agreement between you and your insurance company, all patients are responsible for all charges.

We will also send pre-authorizations for crowns and bridges and any major work you inform us is required by your insurance. Secondary insurance does not coordinate benefits on pre-authorizations.

**Broken Appointment Policy**

Our patients are very important to us. When there is a broken appointment another patient is denied the opportunity for treatment. We therefore require a minimum 24 hour or one full working day notification to cancel appointments (whichever is greater). Failure to do so will result in:

- 1<sup>st</sup> time: warning
- 2<sup>nd</sup> time: \$20 charge
- 3<sup>rd</sup> time: patient dismissal

Exceptions may be made in cases of emergency.

I have read and agree to the previously listed policy:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_