



946 East State Street
Mason City, Iowa 50401
641-424-4521

OFFICE FINANCIAL POLICY JANUARY 1, 2011

We appreciate the emotional and financial investment required to proceed with comprehensive dentistry. Our goal is to make the dental treatment that you need more affordable.

In order to keep our fees from raising considerably and to minimize the expenses of billing and bookkeeping, we have elected to provide you with three specific payment options. This will help to reduce our overhead and pass the savings on to you.

If you have any questions concerning our financial policies, please do not hesitate to ask.

Please indicate your choice of payment by choosing one of the following.

A. PAYMENT IN FULL ON ALL VISITS AS TREATMENT PROGRESSES

We accept the following forms of payment:

- Cash (including money orders)
- Check (personal or Bank Cashier's)
- Credit Card - MasterCard or Visa

B. COVERAGE BY DENTAL INSURANCE

Most insurance companies will not cover 100% of all dental treatment. As a courtesy to our patients, we will file insurance claims for you with the information you have provided, **HOWEVER**, our professional services are rendered to you and **NOT** to the insurance company, **THEREFORE**, you are directly responsible for the cost of your treatment. Please let the receptionist and doctor know if you would like a pre-treatment estimate of coverage from your insurance company.

After your insurance company has made payment, the remainder of your balance is considered payable in full, by you, at that time. Options A (above) or C (below) are available to pay your balance. We will be happy to bill the exact difference to your MasterCard, Visa, or Care Credit account the day the insurance check is received by our office, using a "signature on file" card.

An overpayment by you or your insurance company will be refunded after your account is paid in full.

My signature below hereby assigns all benefits to Nettleton Dental Group, LLC that would otherwise be payable to me under the dental expense provision of my insurance policies.

Signature

(date)

FOR PATIENTS IN MEDICAID/MEDIPASS PROGRAMS

1. A co-payment as directed by Medicaid/medipass is due and payable at the time of service.
2. Allowable charges for services NOT COVERED by Medicaid/Medipass are your responsibility
Options A (above) or C (below) are available for payment of these fees.

C. CARE CREDIT

Patients wishing to finance treatment fees/balances may be eligible for financing through Care Credit, pending credit approval.

Our office offers you the opportunity to pay your bills with Care Credit, a healthcare financing plan that assists our patients in paying for their treatment over time without any up-front payments required. It's ideal for co-payments, deductibles and treatment not covered by insurance. Care Credit is a separate line of credit for health care costs that has 3, 6, and 12 month interest free programs. And if you are looking for a way to stretch your payments out over a longer time period, they have low interest plans that give you a longer time to pay. We can help you apply for a Care Credit account in our office.

PLEASE NOTE

1. The responsibility for payment for service rendered to any dependent children whose parents are divorced rests with the parent who seeks treatment. Any court ordered responsibility judgement must be determined between the individuals involved without the inclusion of our office.
2. All checks returned to our office by your bank for any reason including (but not limited to) non-sufficient funds, closed accounts, etc., will be charged a processing fee of \$15.00 and the account may be turned over to a 3rd party for collection.
3. Account balances 60 days past the date of service will accrue interest at the rate of 1.5% monthly (18% Apr.)
4. If 60 days have passed since your last payment, your account may be turned over to a 3rd party for collection.

I agree to the financial paln outlined above and will be responsible for payment of all fees to treatment

Signature

(date)