



RENKEN DENTISTRY

smile from within

Joshua M. Renken D.D.S. Office Policy

Every effort is being made to keep down the cost of dental care. Please review the information below to familiarize yourself with our office payment procedures.

Non-Insured Patients

Patients without dental insurance are expected to pay in full with cash, check, Care Credit, or major credit card at the time of service. Please feel free to ask any of our financial coordinator about Care Credit. This program is similar to a credit card and offers low monthly payments and flexibility.

Insured Patients

Dental insurance is a wonderful way to supplement a patient's dental health. Please be aware that **most** dental insurance plans do not cover 100% of the cost of your treatment. Because of this, and the extreme delay in receiving payment from the insurance company our financial arrangement goes as follows:

- * We will ask for a credit card number.
- * We will collect your portion and deductible at the time of service.
- * 30 days our office will call your insurance company to check the status of your claim.
- * 45 days you will then receive a letter with the amount and who at the insurance company we spoke to.
- * 60 days of insurance not paying, your credit card will be charged the whole amount of your dental visit and the insurance company will reimburse you the amount.

Please understand that this is only an estimate and is based on the information available to us. If, after 60 days, your insurance company has not paid their portion, the patient will be responsible for paying the balance in full.

Overdue Accounts

If an account becomes more than thirty (30) days overdue, it will be subject to a \$5.44 billing charge and 1.5% finance charge per month. In the event that your account is past due, it may be turned over to a collection agency and/or attorney. In the case of your account being turned over to a collection agency and/or attorney, then you agree to be responsible for all reasonable fees necessary for the collection of the account including, but not limited to, collection agency fees up to 50% of the balance due and costs and reasonable attorney fees of 33% of the balance due.

There will be a \$25.00 charge for returned checks.

PLEASE FEEL FREE TO ASK ANY QUESTIONS THAT REMAIN UNANSWERED BEFORE OR AFTER TREATMENT. WE WANT YOU TO BE A HAPPY AND SATISFIED PATIENT.

Patient's signature

Date