

NORTHWEST DENTAL MEDICINE - ENUMCLAW FINANCIAL POLICY

Patients

Thank you for choosing Northwest Dental Medicine (NWDM) as your dental health care provider. The doctors and staff at are committed to providing you with the very best dentistry possible. Please understand that payment for services is considered part of your treatment. As a condition of treatment, financial arrangements must be made in advance. Payment is due at time of service. We accept cash, check, and all major credit cards as methods of payment. We offer a 5% Cash discount and 5% Senior discount. Outside financial assistance, including interest free financing, is available for those who qualify.

Patients who are Minors

For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Credit Card, or payment by cash or check at the time service has been verified.

Missed Appointments ____ **(Initial)**

Appointments are set-aside just for you. Treatment rooms are prepped just for your appointment. At least 48-hour business day notice is required to avoid a cancelled or missed appointment charge of \$50 per hour scheduled. Please help us serve you, and all our clients better by keeping scheduled appointments.

Regarding Insurance ____ **(Initial)**

Per your authorization, we may accept assignment of insurance benefits following verification. Your authorization is irrevocable for any treatment performed by the doctor and shall include the release of any necessary medical information to the insurance company. NWDM will assist in collecting from the insurance company and filing the necessary insurance forms, however, this office cannot render services based on the assumption that charges will be paid by the insurance company. In carrying dental insurance, all dental services furnished are charged directly to the patient and he or she is directly responsible for payment of all dental services regardless of insurance benefits. Please be aware that some, or perhaps all, of the services provided may be considered non-covered services or beyond reasonable and necessary under dental insurance plans. It is the patient's responsibility to understand the terms and provisions of his or her dental insurance plan. If your insurance company has not paid your account in full within 60 days, the balance may be automatically transferred to a credit card on file.

Financial Responsibility ____ **(Initial)**

A statement processing fee of \$5 and a finance charge of 1.5% will be assessed on ALL accounts over thirty (30) days from final insurance payment. All accounts sixty (60) days past due may be forwarded to a collection agency and subject you to all collection and attorney fees. You understand and agree, whether signing as an agent or as a patient and whether insured or a member of a health maintenance organization, that in consideration of the services to be rendered, that you hereby individually obligate yourself to pay the account of the medical facility in accordance with the regular rates, terms and interest on the unpaid balance set out by the facility. You understand that you will be responsible for eighteen percent (18%) per annum interest on the unpaid balance if my account becomes delinquent. In addition, should legal action become necessary to collect the balance due, you understand that you will be responsible for reasonable attorney's fees, interest and court costs. You also understand that if your account is placed with an agency for collection or placed with an attorney for legal action that a credit report will be pulled for the sole purpose of collecting the delinquent account.

Signature _____ **Print Name** _____

(Patient or parent or legal guardian if patient is a minor)