

FINANCIAL POLICIES

Cash/Check/Credit Card

We request payment in full at time of treatment.

Insurance Billing

As a courtesy, we will bill your insurance company after each visit. Payment of your percentage not covered by insurance is due at the time of treatment. However, if there is no payment from your insurance company to our office within 60 days you are responsible for the balance in full at that time. It generally takes 4-6 weeks for insurance to make payment. Please let us know if your insurance company requires a predetermination, or if charges need to be re-billed. In the event your insurance company has questions you should contact them first. After contacting them we will be glad to assist if you still need our help. We are not able to negotiate with your insurance company on your behalf.

Payment Plans

Monthly payment plans are available with prior arrangements with the office.

Statements

You will receive a monthly statement if you have an account due. After 60 days your statement will indicate that your account will be due in full.

Returned Checks

In the event your check is returned as Insufficient Funds there will be a \$25 charge.

Missed Appointments

In the event you miss an appointment there will be a \$50 charge. Please refer to our cancellation policy.

Collections

If your account is referred to collections there will be a \$75 processing charge.

Financial Responsibility

The parent/guardian that accompanies the child to the dental appointment is responsible for the co-payment, deductible or full payment at the time of that visit.

As the parent/legal guardian of a minor patient, I hereby agree to accept financial responsibility for dental treatment provided by Dr. Krista V. Badger, DDS, PC. I acknowledge that I am financially responsible for all charges whether or not paid by insurance. There is no interest or finance charge on current accounts. After 60 days, all accounts are subject to a Finance Charge of 1 ½ % of the unpaid balance (or a minimum charge of 50 cents), which is an Annual Percentage Rate of 18%. If it becomes necessary to effect collections the undersigned agrees to pay for all costs and expenses including reasonable attorney fees.

Print Name

Signature

Date