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Patient Financial Policy

Welcome to the office of Dr. Wallace & Dr. Solhaug. We are dedicated in providing you with the very best dental care and service, as a result, your understanding of our financial policies is an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our office staff.

- ✓ ***Payment is due when services are rendered.*** For your convenience, we accept MasterCard, and Visa. If you pay with check or cash we will offer a 5% **discount**.
- ✓ ***Please see our office staff if special financial arrangements need to be made.*** Under special circumstances we have 30 and 60 day financing available in our office. Any account over 60 days old will be assessed a finance charge of 1.5% of the unpaid balance.
- ✓ ***If you have dental insurance, we require your estimated portion of our fee at the time of service is rendered.*** As a convenience to you we will file your insurance and you will be billed for any balance that remains after insurance has paid. We ask that you provide us with complete and accurate insurance information. At your request, we will also submit to your insurance company a pre-determination of your proposed treatment.
- ✓ ***Regardless of insurance coverage and/or the determination of usual and customary rates, the patient is ultimately responsible for any and all dental charges for services rendered.***
- ✓ ***If you are unable to keep a scheduled appointment, we require a 2-business day notice in order to allow another patient to benefit from that time.*** Failure to let us know of your cancellation 2-business days in advance will result in a charge of \$35.00 per 30 minutes of scheduled appointment time.
- ✓ ***You, the patient, agree to pay for any collection fees, including legal or other services necessary to collect overdue accounts.*** There will also be a \$30.00 charge for any returned check.

We appreciate you taking the time to read this policy statement. We are pleased to welcome you to our practice and thank you for choosing us!

PATIENT/GUARANTOR SIGNATURE

DATE

STAFF SIGNATURE

DATE