

Windsor Preventive Dental Care

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Thank you for choosing us as your dental care provider. Our main mission is that you receive the proper and best possible treatment. We want all our patients to be able to comfortably afford dental care. **Our policy is that payment in full is required on the date of service.** We accept cash, check, VISA, MASTERCARD, AMERICAN EXPRESS, and DISCOVER CARD. Additionally, we also proudly offer the following financial arrangements so that our patients can have the opportunity to decide which payment option best suits their needs.

LONG TERM DENTAL FINANCING: Our office offers CareCredit. Upon qualifying, you will be extended a line of credit from an outside financing company. Interest free financing is available for those patients who do not have the available funds to cover the copay and/or need to extend their payments over a period of 6 to 12 months. A hard credit inquiry is required to apply, but the qualification process is simple and can usually be completed in about 10 minutes. Payments will be made directly to the financing company, CareCredit. All communication from CareCredit comes directly to you (applicant). Our office has no knowledge of payment status, or available credit.

THIRD PARTY BILLING: We do not intercede with separated or divorced parents. The parent who brings the child to the office is expected to pay for care at the time those services are rendered, regardless of what a divorce decree may declare. If you advise the patient care coordinator that a third party is to pay for the visit, we will provide you with an itemized receipt so you may be reimbursed from the third party. **Balance is due at the date of service.**

MISSED APPOINTMENT/CANCELLATION POLICY: **If you need to reschedule, please call at least 48 business hours in advance and there will be no charge. If an appointment is missed without required notice, there may be at minimum a \$50.00 missed appointment fee.** In order to help provide the best care for our patients, we ask that you keep the appointment times reserved especially for you.

UNPAID ACCOUNT: If your account remains unpaid, after 6 months it can be turned over to a Collection Agency. We certainly will make every effort to avoid this, but if this happens, you will be responsible for **100%** of the unpaid balance, and any fees the Collection Agency may charge. We will regretfully have to ask you to seek treatment elsewhere, until the balance is paid in full.

INSURANCE POLICY: Our office understands the value of insurance benefits to our patients. We will fill out our portion of the form and file your insurance forms at no charge. We estimate the portion that will be covered by your insurance carrier and require that you pay the estimated remaining balance at the time of service. Insurance companies are not predictable, or transparent, therefore it is impossible to "quote" the exact cost. Our estimates are merely tools to assist you in determining your out-of-pocket expense. We will do all that we can to maximize your dental benefits however, there are no guarantees. Your insurance policy is a contract between you, your employer, and your insurance company. If there is an insurance overpayment we will gladly and promptly issue a refund check. However, if the insurance company pays less than estimated, prompt payment of the outstanding balance is required.

We would be happy to work with you to plan out the cost appropriate arrangement for your budget. Financing your treatment allows you to start your dental care immediately and spread the payment over a period of time. Most importantly, it offers you the opportunity to enjoy the benefits of dental health without the financial strain. We welcome the opportunity to discuss any aspect of the financial policy with you.

Signature: _____ Date: _____