

Michael Cady, DMD

716 Yellowstone – Pocatello, Idaho 83201 – Phone 208-233-3660

Written Financial Policy

Thank you for choosing Michael Cady, DMD. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa or Mastercard

We offer a 10% courtesy accounting adjustment to patients who have no insurance and that pay for their treatment with cash or check on the date of service. Implants and Sinus Augmentations are not eligible for discount.

- NO INTEREST¹ Payment Plans² from CareCredit

- Allow you to pay over 6 months with NO INTEREST¹
- No annual fees or pre-payment penalties

Please note:

Michael Cady, DMD **requires payment prior to the beginning of your treatment.** If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.³

We reserve the right to charge a fee of \$25 for patients who miss or cancel more than 1 time in a calendar year without 24-hour notice. If your appointment time was more than 1 hour you will be required to pay a 25% deposit before rescheduling your appointment.

Michael Cady, DMD charges \$25 for returned checks.

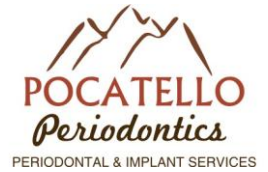
If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.²Subject to credit approval³However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.



Michael Cady, DMD

716 Yellowstone – Pocatello, Idaho 83201 – Phone 208-233-3660

- **BASIC POLICY:** Payment is **due at the time of service**. It is the patient’s responsibility to know your insurance contract benefits, assure collection of insurance payments to us, and to negotiate with your insurance company over any disputed claims. We accept cash, checks, post-dated checks, Visa, MasterCard, and Care Credit. For cash patients (patients with no dental insurance), payment made in full on day of service by check or cash will receive a 10% discount. Implants and Sinus Augmentations are not eligible for discount.
- **IF YOU HAVE INSURANCE:** Your co-pay or deductible **is due at the time of service**. We will bill your insurance. If you are covered by Insurance, please present your identification card to the receptionist at the time of appointment. If you are **deemed ineligible** for your insurance benefits, you are responsible for all charges incurred.
- **INSURANCE CLAIMS:** If your insurance company rejects your claim, or they pay less than the total bill, our policy requires you to pay the balance in full upon receipt of your statement. If you cannot pay in full after your insurance payment, contact our Business Office to make payment arrangements. If you are **deemed ineligible** for your Insurance benefits, you are responsible for all charges incurred.
- **IF YOU DO NOT HAVE INSURANCE:** Payment is due at the time of service unless other arrangements have been made.
- **FORMS OF PAYMENT:** We accept payments in cash, check or money order, Visa, MasterCard and Care Credit. We will also accept post-dated checks.
- **WORKMAN’S COMPENSATION:** In the event it is determined by the Worker’s Compensation board that the injury is not the result of a compensable Worker’s Compensation case, we will bill any private insurance. The balance is your responsibility.
- **LIABILITY:** If pending settlement from insurance company or attorney, monthly payments are **required** until settlement is received.
- **MINOR PATIENTS:** The adults accompanying a minor and the parents (or guardians of the minor) are responsible for full payment.
- **INTEREST:** **Interest** of 1.5% per month (18%) per year) will be applied to any amount not paid after 60 days with a minimum charge of \$1.00.
- **DELINQUENT ACCOUNTS:** Delinquent accounts over 90 days are turned over to our Collection Manager. If satisfactory arrangements for payment are not made, the account will be turned over to a collection agency or small claims court. By signing below you agree to pay **all** collections costs, attorney and/or court fees if collection procedures become necessary due to delinquent accounts.
- **NO SHOW FEE:** Regardless of your insurance carrier; we reserve the right to charge a \$25.00 fee for missed appointments without the courtesy of 24 hours advance notice. Should you miss more than one appointment without 24 hours notice you may be advised to seek treatment elsewhere.

I have read and agreed to the Financial Policy for this office.

Patient _____ Date _____

Person Responsible for Account _____

Relationship to patient _____