

Hartrick Dentistry Financial Policy

We appreciate the opportunity in helping you achieve your dental needs and goals. We have found that a clear understanding of our financial policy in advance of dental care helps to relieve some of the anxiety associated with dental visits. Please read the following carefully and ask us any questions you may have. We will do our best to answer them for you.

- ❖ We accept Visa, Discovercard, MasterCard, American Express, Care Credit, Lending Club, checks and cash for the payment of the amount due. We have several options for payment of treatment needed and we will explain them to you when presenting any treatment plans.
- ❖ Two business days notice is required for rescheduling appointments. Although we do not charge a fee for missed appointments please be aware that Dr. Hartrick reserves your appointment time exclusively for you; she doesn't "double-book" and keep extra patients waiting in case you can't come.

In this agreement the words "you", "your", and "yours", mean the Patient/Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we", "us", and "our" refer to Nancy E Hartrick, DDS.

Treatment Plans: You understand that if Dr. Nancy Hartrick has treatment concerns and recommendations for you, you will receive an itemized list of the recommended treatment. This will also contain an estimate of what the fees will be for the recommended treatment as well as easy pay options for this treatment. If you have dental insurance, the treatment plan may include an additional estimate calculations for what may be paid by your insurance company toward the fee for your treatment. You understand that treatment plan estimates are not a guarantee of insurance payment and you are ultimately responsible for all fees generated by your treatment.

Payments: Separate from the Easy pay options, unless we approve other arrangements in writing, the balance on your statement is due and payable when a statement is issued, and is overdue if not paid by thirty (30) days after the statement date.

Past Due Accounts: In the event your account becomes past due and no arrangements have been made to settle the account, you agree to pay any collection fees that are incurred.

Waiver of confidentiality: you understand if this account is submitted to an attorney or collection agency, or if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Returned Checks: There is a fee (currently \$25) for any checks returned by the bank.

Insurance Release: You authorize Dr. Hartrick to release any necessary information requested by your insurance carrier and authorize payment directly to Dr. Hartrick for any benefits available under your insurance plan.

Insurance: Insurance is a contract between you and your insurance company. We will bill your insurance company as a courtesy to you. Please note that services are not rendered on the assumption that the insurance company will pay us. You are ultimately responsible for payment of all fees generated by your treatment. It is your responsibility to inform us of any changes in your insurance coverage.