

Evon T Heaser, DDS, PC
160 Nucleus Ave
PO Box 2065
Columbia Falls, MT 59912
406-892-2085

OUR FINANCIAL POLICY

Thank you for choosing **our office** to be your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy. All patients must complete our information and insurance form before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE.

WE ACCEPT Cash, Check, MasterCard, Visa, Discover, American Express, and CareCredit.

Regarding Insurance

We may accept assignment of insurance benefits after your *second* visit. However, we do require your portion of the bill to be paid at time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits we require that you be pre-approved on our extended payment plan or provide a credit card with authorization to bill that account for the balance. If your insurance company has not paid your account in full within 45 days, the balance will be automatically transferred to your credit card or the extended payment plan. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the dental insurance.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult Patients

Adult patients are responsible for full payment at time of service.

Minor Patients

The adult accompanying a minor and the parents (or guardians of the minor) is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at time of service has been verified.

Missed appointments

Unless cancelled, at least 24 hours in advance, our policy is to **charge** for missed appointments at the rate of a normal office visit. Treatment needing a longer period of time may require payment in advance. This payment would be nonrefundable on a missed appointment or short notice cancellation. Please help us serve you better by keeping scheduled appointments.

Interest

We reserve the right to charge interest in the amount of 18% and a \$5.00 billing fee on balances 90 days past due. You will pay for all services rendered, any interest charges, plus all collection fees incurred to collect this debt. We have the right to assign this account to another creditor who will have all our rights and privileges with respect to the unpaid balance.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.