



Hanover Road Dental Health

John N. Munsey, D.M.D, Maura H. Sanders D.M.D
(603) 643-4362

Financial Policy

Billing Account Holder: _____

Address: _____ Phone: _____

Name of Individuals covered under this account:

We are committed to providing you the best possible care, and are pleased to discuss our professional fees and your account with you at any time. Your clear understanding of our financial policy is important to our professional relationship.

We want to be certain that you understand your dental treatment needs, appropriate treatment and options, fees involved, and financial arrangements.

Once Dental treatment has begun, changes in the anticipated treatment plan may be required, depending on oral conditions encountered. You will be informed if this occurs and given the option of continuing treatment, changing treatment, or canceling treatment.

Full payment is due at the time of service unless prior arrangements have been made. Deductible, co-pay or non-covered charges are due at time of service.

We provide the following payment options:

- Cash, money orders, and personal checks
- Visa/MasterCard/Discover
- Care Credit-financing plan
Care Credit is available for some treatment plans (Subject to credit approval)
Care Credit is a service offered by GE Capital Consumer Card CO. It is a flexible, monthly payment plan that can be used immediately. Care credit can offer a wide variety of payment arrangements.

Effective October 1, 2011, unless a previous payment arrangement has been made, any unpaid balance after 60 days of billing will incur a finance charge at the rate of 1.5% per month. If your balance becomes 90 or more days overdue, our office reserves the right to interrupt or discontinue dental treatment and/or send your account to an attorney or a collection agency. You

agree to reimburse us the fees of any collection agency, which may be based on a percentage starting at 30% of the debt, and all costs, expenses, including reasonable attorneys fees, we incur in such collection efforts. There is a \$20.00 charge for returned checks.

Insurance:

We file insurance claims as a courtesy to our patients. Dental insurance is a contract between your employer who selects your coverage limits, and the insurance company. You (the subscriber) will receive dental benefits as defined within this plan. We cannot guarantee insurance carrier payments on office generated reimbursement estimates. You are responsible for all dental fees that your insurance company has not paid, at time of service, unless otherwise agreed upon before date of service. We will not become involved in disputes between you and your insurance company regarding deductible, co-payments, covered charges, and secondary insurance or other matters regarding reimbursement.

If you are an adult covered by Medicaid, please note that any fees not covered by Medicaid will be due at time of service.

Changes to scheduled appointments/Missed Appointments:

Our appointment time is very valuable to us. We make every attempt to be accommodating when we set up your appointment and also provide reminders prior to the appointment as a courtesy. **We require 24 hours notice for any appointment changes. Cancellations or changes made within 24 hours are subject to a fee up to the cost of the appointment.**

If you should fail to appear for an appointment without any notice, there will be a missed appointment fee charge starting at \$50, up to the cost of your appointment.

Thank you for understanding our financial policy.

I understand and agree to the above financial policy of Hanover Road Dental Health. I am financially responsible for the dental costs incurred by all persons listed on my account.

Signature: _____ Date: _____