

### **Family Dental Clinic Financial Policy**

We are committed to providing you with the best possible care. In order to accomplish these goals, we need your assistance, and your understanding of our payment policy. **It is our policy to charge a fee of \$75.00 for a missed appointment unless we receive at least a 24 hours notice.**

There are four payment options, which you may choose from:

1. The total sum of the treatment is paid before, or as the treatment is completed, by check, cash or credit card with a 5% discount.
2. The full insurance co-payment is paid by check or credit card at the time of each appointment.
3. The initial payment is 1/3 of the total. The balance is paid in two equal monthly installments.
4. Interest free loan options are available.

An initial payment will need to be made for dental treatment requiring outside dental laboratory work.

**If payment is not received by the due date each month, it is the office policy to assign a late charge of \$5.00 to the balance. Returned checks will be charged a fee of \$30.00.**

Balances older than 60 days may be subject to finance charge of 1.33% per month. (16% APR)

**I understand that my insurance is in agreement between me and my insurance company. I also understand that I am responsible for my balance regardless of my insurance.**

Sign name for policy and insurance agreement: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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