

Dentistry by Oselka Financial Policy

We are committed to providing you with the highest quality dental care using only the best material and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. Our financial policy is intended to facilitate excellent service to you while keeping our fees average.

We realize that every person's financial situation is different. For this reason we provide several payment options to help you receive the dental care you need and want with respect to your budget.

I do not have Dental Insurance.

The following payment options are available:

- ✓ Cash
- ✓ Check
- ✓ Per Visit Arrangement - Your treatment can be arranged so that you can pay each section as you progress with treatment.
- ✓ Credit Cards – we accept MasterCard and Visa
- ✓ Dental Finance Company –many options available including interest free financing

We offer an 8% discount at time of service. An additional 4% senior discount is also available (62 years or older).

I have Dental Insurance.

Dentistry by Oselka accepts most traditional dental insurance plans and once we confirm your dental coverage you will only be asked to pay your estimated part of your bill at the time of service. We will then submit your insurance at no charge to you. We are happy to submit the claims necessary to see that you receive the full benefits of your coverage; however we cannot guarantee any estimated coverage. We can submit an insurance pre-estimate to your insurance company before any major work is done.

You and your dental insurance company have a legal agreement and Dentistry by Oselka is not involved in this agreement. You are our client and we treat you, not your dental insurance company. Our agreement is with you. Because of this fact, if your dental insurance company fails to honor our request for payment, any balance after 60 days becomes yours. If the dental insurance payment is less than we originally estimated, the remaining balance must be paid by you within thirty (30) days. We will bill you for the remaining balance, however, there is a **service charge** after 30 days of nonpayment.

Overdue Accounts

- ✓ Finance charges of 1.5% per month will be added to overdue accounts.
- ✓ \$30 fee for returned checks

Signature _____

Date _____