

Richland Dentistry, PLC
8699 Gull Road
Richland, MI 49083
(269) 629-9087

Financial Policy

Our office financial policies have recently been updated. We ask that all patients read and sign our Financial Policy. Our main concern is that you receive proper and optimal treatments needed to restore your dental health. Therefore, if you have any questions or concerns about our payment policies, please do not hesitate to contact our financial coordinator.

Payment for services is due at the time services are rendered. We accept cash, check and Visa/Mastercard/Discover. For your convenience, we do offer financing for major services through Care Credit. We will be happy to help you process your application and your insurance claims as long as you bring the required information to each visit.

Our Financial Policy is as follows:

1. Your insurance policy is a contract between you, your employer, and the insurance company. We are not a part of that contract. Our relationship is with you, not your insurance company.
2. All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
3. Fees for these services, along with unpaid deductibles and co-payments are due at the time of treatment. We will no longer wait for insurance payments to process before requiring patient payments to be paid.
4. If your insurance company does not pay your balance within 30 days, we ask that you contact them to help expedite the payment.
5. If the insurance company does not pay after 60 days, we require you to pay the balance due with cash, check, or credit card.
6. Returned checks will be subject to a \$30.00 service fee.
7. Any balance that exceeds 90 days will accrue a monthly finance charge of 1.5% of the outstanding balance.
8. In the event that a balance remains unpaid past 120 days, all scheduled appointments for family members on the account will be cancelled until the balance is paid in full.
9. Any products that are purchased through our office, such as whitening agents must be paid before leaving the office. We do not extend credit for such products.
10. If a child comes to the office for treatment without a parent/guardian present we will give the child a walkout statement and ask that payment be sent to us upon receipt.
11. There is a \$25 charge for any appointments that are cancelled without a 24 hour notice or NO SHOWS. After 3 missed appointments patient will be dismissed from practice.

We understand that temporary financial issues may affect timely payment of your account. We encourage you to communicate any such problems so that we may assist you in the management of your account.

Patient Signature: _____ Date: _____

Printed Name: _____