



Sedation Dentistry
Cosmetic Dentistry
Orthodontics
Comprehensive Restorative Dentistry

Michael S. Bjornbak, D.D.S

PATIENT FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have dental insurance, we will help you to receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

1. Payment is due at the time services are rendered.
2. We accept payment for services in cash, check, MasterCard, Visa, American Express and Discover. Money orders and travelers checks will also be accepted.
3. As a courtesy to our patients, we have contracts with various finance companies. These resources are available to you in order to have optimal treatment when you need it. Please check if you are interested in extended financing Yes _____ / No _____.
4. A \$45.00 NFS fee will be charged for all returned checks.
5. Broken appointments and appointments cancelled with less than 24 hours advance notice will be subject to a broken appointment or last minute cancellation fee.

INSURANCE

The process of the utilization and quality of insurance has changed over the years. We will do our best to help you understand and utilize your benefits. The amount of coverage your insurance provides is strictly a function of the policy selected by you and your employer.

We will be happy to file your insurance claims for you. Our staff will estimate your co-payment and deductible. This amount will be due at the time services are rendered. The amount the insurance company will actually pay greatly varies. If they pay more than expected, we will reimburse you within 14 days. If they pay less, we will bill you for the balance. We request payment in full within 14 days. In order to assist you in filing your insurance, we will need a copy of your insurance card. If insurance coverage cannot be verified we will request that you pay for the services and we will assist you in obtaining reimbursement from your insurance company.

NOTE: YOUR INSURANCE IS A CONTRACT BETWEEN YOU, YOUR EMPLOYER AND YOUR INSURANCE CARRIER. WE ARE NOT A PARTY TO THAT CONTRACT. AS SUCH, WE FILE CLAIMS AS A COURTESY THAT WE EXTEND TO OUR PATIENTS, BUT ULTIMATELY ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES IS RENDERED.

Thank you for reviewing our financial policy. We make every effort to explain your costs to you and to avoid misunderstandings so that we can focus on your dental health. If you have any questions, please ask. We are here to serve you.

I have read, understand and accept the terms stated above. I have been given the opportunity to receive a copy of this document.

Signature _____ Date _____