

## FINANCIAL POLICY

Hatfield Family Dentistry  
2501 Lakeridge Dr, Ste 102 Norfolk, NE 68701  
402-371-1170  
[www.hatfieldfamilydentistry.com](http://www.hatfieldfamilydentistry.com)

### We offer four methods of payment:

1. Cash or check at time of treatment
2. MasterCard, VISA, American Express or Discover at time of treatment  
Anything other than a debit card will incur a 3% surcharge responsible by the patient.
3. Three months payment plan with no interest. *We are ONLY able to extend credit for 90 days.*  
1/3 when treatment begins, and 1/3 in each of the following 2 months  
(this option does not apply to treatment requiring lab fees, see below)
4. CareCredit-12 month plans with no interest if charges exceed \$200 or more

For preventive and basic restorative procedures, charges can be submitted to patient's insurance company, with uncovered portion billed to patient. Patient will continue to be billed for these total charges and is fully responsible for them. Charges unpaid by insurance within 45 days are due and payable by the patient.

### Outstanding Account Balances

An account that has been outstanding for more than 90 days is considered delinquent and therefor will be subject to being sent to collections. The patient will be charged a collection fee, and is responsible for all charges and fees charged to their account.

### Dental procedures involving laboratory fees (crowns, bridges, dentures):

A ½ down payment is required at first (preparation) appointment, regardless of insurance coverage. If insurance benefit is known for procedure and it covers more than 50%, this down payment can be adjusted. Any balance left unpaid by the patient's insurance plan is payable by the four choices listed above.

### Health Care Reimbursement Accounts

For patients with HSAs, the above rules still apply. These are *reimbursement* accounts, which will reimburse the patient for payments they have made to dentist under the above rules. We are unable to wait for HSA payment in lieu of down payments.

### Delinquent Insurance Claims

If insurance claim payments have not been received within 30 days of the date of service, we will make an effort to contact the insurance company. If we have not received payment within 45 days, the charges will be billed back to the patient and will be due and payable at that time by the responsible party for the account.

### Credit Balances

Credit balances less than \$5.00 will be kept on account unless requested by the patient. Other credit balances will be paid back to patients unless the patient has directed us to leave the credit on their account.

### Non Covered Services

Occasionally, patients in our office request procedures that are not covered by their dental plan. We are happy to provide these services, but want our patients to understand the financial implications. (Example: a patient may request a porcelain/tooth colored crown or filling but their dental plan only covers a metal crown or filling.) We would be happy to provide you the procedure that is covered by your dental plan. However, if you choose to receive a higher-level procedure that is not covered by your plan, we will need to bill you for the difference between your plan benefit and our office fee.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_