

Financial Policy

At PerioPartner we are committed to providing you with the best possible dental care. We are willing to discuss our professional fees related to your recommended treatment at any time. Your understanding of our financial policy is important to our professional relationship.

Initial Visit

All patients referred to our office must undergo a Comprehensive Oral Exam with our Periodontist. Dental x-rays may be required to provide a proper diagnosis of your condition. Please check that your referring dentist(s) has shared all current x-rays with our office, prior to your appointment. The fee for a Comprehensive Oral Exam (D180) is \$205 and if needed, a Complete X-ray Series (D0210) is \$152, of which payment is required at the time of your first visit.

Dental Insurance

We will assist you by processing all dental insurance claims. It is the patient's responsibility to understand their insurance benefits and out-of-pocket expenses. As a courtesy, we process your dental claims and pre-treatment estimates, after your initial exam. A pre-treatment estimate from your insurance company is not a guarantee of coverage. The guarantor is personally liable for all balances not covered by dental insurance. Our office is a provider for Delta Dental PPO & Premier (excluding Group 216), HealthPartners and Cigna. Please be aware that we cannot submit *medical* insurance claims. All correspondence with *medical* insurance is the patient's responsibility. If you contact your *medical* insurance about possible *medical* benefits, we can assist you with any dental treatment codes and x-rays.

Payments

Payments are required at the time of treatment. For insured patients, we collect your estimated out-of-pocket fee on the date of service. We accept cash, check, Visa, Master Card, Discover and American Express. The State of Minnesota requires a 2% Healthcare Tax be added to all treatment.

Care Credit

PerioPartner accepts payment through Care Credit. Care credit is a 6 month, interest-free, credit card program, for charges over \$600, pending credit approval by application to Care Credit. Please contact one of our treatment coordinators to review this program or visit www.carecredit.com.

Past Due Accounts

Finance charges will be imposed on accounts beginning 90 days from the date of initial billing statement. We charge a monthly 1.5% service charge or a \$3.00 handling fee (whichever is greater) on all past due accounts until they are paid in full. Overdue accounts will be referred to a collection agency and any legal fees, collection costs or court fees that apply will be added to your account and become the patient's responsibility.

Missed Appointments

Specific time has been reserved for your treatment in our office. Therefore, we request advance notification of cancellations. If it is necessary to cancel your appointment, please notify us at least 3 business days in advance to help serve our patients better. Patients 15 minutes late for a scheduled appointment may be considered an appointment failure, unless there are extenuating circumstances. For late cancellations/missed appointments, we reserve the right to charge:

- \$55 fee for recalls, \$95 for root planing - scheduled with a hygienist
- \$200/hour for appointments - scheduled with a doctor

I understand and will comply with the above financial policies of PerioPartner. Please ask us about any terms of the financial agreement. We are here to help serve your periodontal and dental implant needs.

Patient/Guardian Signature: _____ **Date:** _____

Patient/Guardian Name (Print): _____