WEST END DENTAL

FINANCE POLICY

Our commitment is to inform you of the fees for all dental treatment. At your request we will submit pre-estimates to your insurance company when applicable. We also offer affordable payment plans through Care Credit Co. and will make available application forms when needed. The following is our financial policy:

A. All cosmetic dental appointments will require full payment on the day of the appointment.

B. Major treatment appointments (crowns, onlays and bridges) will require one-half down at the time of the appointment and balance at completion. **If you have insurance, we will be happy to process your claim and your insurance company will reimburse you directly unless your insurance plan is Delta Dental Minnesota Premier . (See below)**

C. Preventive treatment appointments (cleanings, exams, x-rays and sealants), restorative appointments (fillings), and periodontal treatment appointments (gum disease, root planing and scaling) will require payment at the time of the visit**. If you have insurance, we will be happy to process your claim and your insurance company will reimburse you directly unless your insurance plan is Delta Dental Minnesota Premier. (See below)**

D. Method of payment:

1. Cash, personal checks
2. Visa, MasterCard, American Express or Discover
3. Care Credit health card (please inquire with our office manager)

I am aware that Dr. Richter is a non-participating provider for all dental insurance plans including Medicare Advantage Plans. This means that if my dental insurance plan allows me to go out of network to see the dentist of my choice, my out- of- pocket expense will be higher than seeing a participating provider. If you have questions, we ask that you contact your insurance company or your employer. **Dr. Richter is a participating provider for Delta Dental Minnesota Premier. We will ask for your copay at time of appointment and submit the claim for you.**

We ask out of common courtesy that you notify us 24 hours in advance if you need to cancel an appointment or there will be a $200 charge for our time.

Patient Signature:_____Date_____