

FINANCIAL POLICY

WELCOME TO OUR OFFICE! We thank you for selecting us to provide a service of the highest quality to you and your family. Our entire staff is a team dedicated to providing excellent service to our patients. As a patient we ask that you be committed to honor your financial responsibilities to this office.

1. All accounts are due as service is rendered. Account balances must be paid by cash, check, VISA/MasterCard/Discover or CareCredit (which is a healthcare credit card that allows a credit line to be used for dental/health care services). All accounts past due 30 days will be charged a finance charge. The maximum periodic rate and ANNUAL PERCENTAGE RATE are determined by the laws of the patient's state of residence. The FINANCE CHARGE assessed on your account will be ANNUAL PERCENTAGE RATE OF 18%.
2. **INSURANCE:** We will be happy to file your insurance for you. Please be aware that you the patient will be responsible for your account balance. At the time of your visit, you will need to pay any deductible due and also estimated amount that you will owe after insurance has paid.
3. **LAB:** If your treatment requires a laboratory procedure, we will expect ½ down at your first visit and the remainder when we deliver.
4. **BROKEN APPOINTMENTS:** A broken appointment is defined as not receiving notice within 24 hours of not keeping an appointment. The first time – explanation; second time, \$25.00 may be charged to you and the third time, you will be referred out of the practice.

I understand and agree to honor my financial commitment to Dr. Daniel Burgmeier, D.D.S., P.C. as outlined above.

SIGNATURE OF ACCOUNT HOLDER

DATE