

# Patient Financial Agreement

## PAYMENT

- **Payment is due at time of service.**
- **The parent bringing a minor/child to appointments is responsible for payment.**
- Accepted payment types: cash, check, all major credit cards, care credit 5% discount available with cash or check payments on restorative treatment only, **when paid in full at time of service** (offer not valid with debit/credit payment, hygiene services, or with insurance).
- Automatic Credit Card payments available on approval, via our Secure Merchant Provider.
- No-Interest and Extended payment financing available on approved credit.

**FLEX OR HSA ACCOUNTS:** Patients must be prepared to pay their out of pocket at the time of service, regardless of FLEX/HSA reimbursement policies.

## INSURANCE

Winterholler Dentistry is **NOT** responsible for the interpretation of your dental benefits, including identifying coverage of services and/or policy limitations. You are responsible for any portion of services unpaid by your dental insurance for any reason including, but not limited to: exclusions, exceptions, limitations, and “usual and customary” fees outlined by your insurance company. Dental insurance is a contract between YOU and your insurance company. Final determination of benefits will be made insurance company based on the plan documents outlined by the Group or Employer. Insurance benefits are NOT guaranteed in any way by Winterholler Dentistry. Winterholler Dentistry may disclose health information that identifies the patient & subscriber (“Health Information”) for payment of claims.

**We allow thirty (30) days for insurance claims to be honored.** After 30 days has passed, monthly payments must be made on all unpaid balances regardless of insurance status to avoid action to collect.

Our office may check your dental insurance benefits as a courtesy and provide an **ESTIMATED** out of pocket based on the information provided by your insurance company. **Your estimated out of pocket is expected at time of service.** Our dentists are In-Network providers with Delta Dental PPO and Premier, Blue Cross Blue Shield of MT, Dental Network of America, Cigna and EBMS. Preferred provider allowable fees will be honored only on services covered by your insurance plan; you will be responsible for standard fees on non-covered services and elective or cosmetic services.

**MEDICARE CONTRACT:** Medicare patients understand the providers at Winterholler Dentistry are not enrolled in Medicare Part B. The patient agrees to payment for services rendered that may otherwise have been covered by Medicare. Claims for services rendered at Winterholler Dentistry may not be submitted to Medicare by any party, including the patient.

## COLLECTIONS

A finance charge will be levied against unpaid balances @ 1.25% per month or 15% per annum. Should my account become delinquent, I understand there may be an additional 35% collections fee assessed to the total unpaid balance upon the involvement of a third party agent. I agree to pay all attorney fees and court costs associated with the collection of this account.

Signature of Patient / Guardian: \_\_\_\_\_

Printed Patient Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**WINTERHOLLER**  
*Dentistry & Implant Surgery*

