MEGHAN K. O'BRIEN, D.D.S.
707 Sixth Avenue, Antigo, WI 54409 Phone (715) 627-4391

FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to making our best effort to provide successful treatment. As part of that commitment we want you to understand the payment process for this office. Treatment plans, options and their costs are available upon request. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment.

PATIENTS WITH INSURANCE
Full payment of co-payments, coinsurance amounts and deductible amounts are due at each visit. If your insurance carrier makes payment exceeding your balance a reimbursement will be mailed to you.

PATIENTS WITHOUT INSURANCE
Full payment is due at each visit. We accept cash, checks, or Visa/MasterCard/Novus (Discover).

REGARDING INSURANCE
The fees charged are your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us full insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If you have a dispute with your insurance company this office will assist you if we can. Please be aware that some, and perhaps all the services provided may be non-covered services and may not be considered reasonable and necessary under your policy.

Please understand that the amount to be paid by your particular policy is pre-determined and agreed to by your employer and the insurance company. If you have any questions about the amount the plan will pay or the treatments your plan will cover, you should refer these questions to your employer. At your request, this office will provide all pertinent information to your insurance company and we will do our best to help you derive the maximum benefits available. However, we are not responsible for determining what those benefits are to be.
Some policies request a "pre-authorization" or "pre-determination" before treatment is begun. We will submit a treatment plan for review by your insurance company if this is a requirement.

Please remember that dental insurance is designed to assist people to obtain dental care and rarely covers more than 1/3 to 1/2 of the total cost of service. There may be a deductible, a co-insurance factor, and a yearly maximum to be considered.
Most policies cover what they consider a "usual and customary fee." However, the insurance company sets these fees, and they are not always the same as the fees that may be charged in this office. All these factors may combine to reduce the benefits you will ultimately receive. We will do our best to see that you receive your full benefits within the structure of your particular dental plan. However, ultimate responsibility for payment is yours and financial arrangements must be defined before dental treatment can begin.

MINOR PATIENTS
The accompanying parent or guardian is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, or payment by cash or check at the time of service has been verified.

MISSED APPOINTMENTS
A $40 "no show fee" will be charged for missed appointments and last minute cancellations. If a 24 hour notice is given we will do our best to fill that appointment to avoid the charge. We will waive the fee for extenuating circumstances.

LABORATORY SERVICES
Services which have a laboratory fee, for example (Partials, dentures, crowns "caps", splints and bridges) will require a 1/3 down payment before the case will be sent to the lab. Patients who have 100% insurance coverage on these services are an exception.

I have read the financial policy. I understand that responsibility for payment for Dental Services provided in this office for myself or my dependents is mine, due and payable at the time of service. I am aware a 12% finance charge will be added on balances over 60 days.

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Name (Print)

_____   _____

Signature   Date