

Carl L. Knox, DDS, PLLC

Family Dentistry

14818 Pacific Avenue • Tacoma, WA 98444 • 253-531-0638

Office Credit Policy

We wish to help make necessary dental treatments affordable to all of our patients. The following payment options have been designed to allow you a choice of payment methods to best fit your situation, while keeping our billing costs down - which is reflected in lower fees for dental procedures to you.

1. In all cases of accounts of \$400 or less, payment in full is expected at time of completion of individual procedures. **Unless prior arrangements have been made with our receptionist.**
2. Insurance: Few if any insurance plans will pay 100% of your dental expense. If your plan has a deductible amount, the deductible must be paid before your insurance company can be billed. Your portion of any charge ("copayment") will be estimated and is due at time of completion of individual procedures. While every attempt is made to estimate your co-payment accurately, fee differentials can result in a balance owing even after your insurance pays.
3. MasterCard and Visa: If you desire credit of longer than 30 days, or if you prefer the convenience of credit cards, these are excellent payment methods which we gladly accept.
4. For procedures over \$400 (bridges and dentures, for example), options 1. through 4. will apply. If you wish a more flexible payment plan for more expensive procedures, our receptionist will try to work out a plan suitable for you.
5. A finance charge of 1.5% monthly will accrue on all accounts 90 days or over.
6. Medicaid: We accept Medicaid as payment for eligible patients who present valid, current medical coupons at time of service. We reserve the right to limit the number of new Medicaid patients our office accepts.

Other policies:

- a) Returned checks: There is a \$15 fee for each returned check, in addition to revocation of any courtesies that had been applied. In the event of a returned check, all future payments will need to be made in cash.
- b) Emergency patients: Emergency visits for first-time patients or patients we have not previously done a complete examination and treatment plan for must be paid in full at time of service, regardless of insurance coverage. If you have insurance we will gladly bill your insurance for you so that you may be reimbursed accordingly.
- c) Cancellations: Your appointment time has been reserved exclusively for you. Therefore, we ask that 2 working days notice be given prior to any change or cancellation.
- d) Patients who carry dental insurance should know that all services furnished are charged directly to the patient, who is personally responsible for payment. We will prepare necessary forms to assist in collecting from your insurance. However, we do not accept responsibility or guarantee payment from your insurance company. It is important that you know and understand the annual maximums, exclusions and limitations of your insurance program, as our office cannot be responsible for providing this information to you.

Person financially responsible:

Name (print) _____

Signed _____ Date _____

for patient _____ (name)