Kevin V. Rethman, DDS PLLC
Prescott Oral & Implant Surgery

FINANCIAL POLICY

Thank you for choosing Kevin V. Rethman, DDS PLLC, as your healthcare provider; we are committed to providing you with the best available care.

The person financially responsible for this account needs to read, initial, and sign our financial policy.
Our staff is available to discuss our fees and our financial policy with you if you have any questions.
We accept Cash, Check, Debit Card, Visa, MasterCard, Discover, American Express, and *Care Credit

Your initials below indicate you have read and understand the following:

Initials required

_____***1.*** Payment in full is required for consultation and x-ray fees at the time of service, regardless of insurance coverage.

_____2. All financial arrangements ***must be made prior*** to any services being rendered.

_____3. All Medicare-eligible patients are required to read and sign our Medicare Private Contract.

_____4. **Patients who do not have insurance**: Payment in full is required at the time of service for fees totaling $250.00 or less. For fees exceeding $250.00, you may want to apply for *Care Credit, we can provide you with a Care Credit application.

_____5. **Patients who have insurance**: Your insurance policy is a contract between you and your insurance company and we are NOT a party to that contract. Our relationship is with you, not your insurance company. We cannot become involved in disputes between you and your insurance companies "usual and customary" charges. Our involvement will be limited to supplying factual information to facilitate claim processing.

_____6. As a courtesy, we will call your insurance company prior to your procedure appointment to attempt to attain an ***ESTIMATE*** of your benefits. We will need a copy of your insurance card/s. We will need to collect on the day of your procedure, the full amount not covered by insurance, including unpaid deductibles and co-payments. We will submit one claim to your primary insurance company, and if applicable, one claim to your secondary insurance company.

_____7. All charges are your responsibility whether your insurance company pays or does not pay. Please be aware that some services may not be covered benefits in your insurance plan; some insurance companies arbitrarily select certain services they will not cover. Ultimately it is your responsibility to contact your insurer to confirm exactly what they will or will not cover.

_____8. If your insurance company does not pay the claim within 45 days, it is your responsibility to contact your insurer to expedite payment. If we do not receive payment from your insurance company within 60 days from the date of service, you will be mailed a statement and the balance on the account will be due within 30 days of the statement date. In the event that you are owed a refund after your insurance company pays, refund checks are normally issued within two weeks.

_____9. If your insurance company pays you directly and you have a balance on your account, payment on your account is due immediately.

_____10. Returned checks may be subject to a $25.00 fee.

_____11. We understand that temporary financial problems may affect timely payment on your account, but we must hear from you immediately if there are any changes to your payment contract so that we may assist you in keeping your account in good standing. All delinquent accounts will be turned over to a collection agency.

By signing below, you agree to pay, in a current/timely manner, the full balance on your account for all fees and services rendered at the office of Kevin V. Rethman, DDS PLLC, and this includes any charges not covered or paid for by your insurance company.

Again, thank you for choosing the office of Kevin V. Rethman, DDS PLLC, as your healthcare provider, we appreciate your trust and the opportunity to serve you.

Signature of person financially responsible for this account:_____
Printed name:_____ Today's Date:_____
Name of patient if different from responsible party:_____

Office Staff initials: _____*Form Complete* _____*Special financial arrangements made* _____*Yes* _____*No*