

McNamara Family Dentistry
13997 W. Hwy 53
Rathdrum, ID 83858

Our office is pleased that you have chosen us to be a part of your health care. We would like to take this opportunity to explain our office policy regarding fee payment and insurance.

Payment for services is ultimately the responsibility of the patient/guarantor. Your dental plan (should you have one) is designed to share in your dental care costs. It may not cover the total cost of your treatment.

Payment and Insurance Filing Policy:

Filing on insurance is a service that we provide our patients. It is important that our patients understand that the insurance policy is a contract between the patient and the insurance company, not with our office. On the day of your treatment, if your insurance is active, you will be responsible for the payment of the amount that is not covered by the insurance company. We will do our best to properly calculate your copay.

If there is any difficulty with the insurance company regarding payment, our office will be happy to assist the patient with any information needed to clear up any problem. However, the final responsibility of payment is the patient's. Our office policy is that if the insurance company has not paid the claim within 60 days, the patient may be required to pay any remaining balance due this office at that time.

Payment Options:

Payment in full is expected at the time service is rendered. We accept the following forms of payment:

- Personal checks will be accepted with a valid Idaho driver's license. A \$15.00 fee will be charged for any check returned to us by the bank
- We accept Visa/MasterCard, Discover Card
- CareCredit and Numerica Credit Union financing (ask for details)

On past due accounts (over 90 days) we do charge a late fee of \$2.81 per month to offset billing and statement costs. All unpaid accounts will be charge a **\$50.00 collections processing fee** and turned over to a collection agency..

CELL PHONES:

Please be respectful of the doctors time, as well as other patients. All cell phones should be turned off or placed on vibrate during your appointment.

I have read the above policies and agree to abide by them.

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID BY INSURANCE.

SIGNATURE: _____

DATE: _____

A COPY OF THIS AGREEMENT WILL BE PROVIDED UPON REQUEST