OZ
FAMILY DENTISTRY

1550 E Adams Street • Mankato MN 56001 • Phone 507-387-2603 • Fax 507-387-4112 • www.ozfamilydentistry.com

Written Financial Policy

Thank you for choosing OZ Family Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. Part of that mission is to help you plan for the cost of your care by making our financial policies as clear as possible. Please read this form and feel welcome to ask any questions you might have.

Payment Options:

All payment is due on the day that treatment is completed.

- Dental Insurance
  - We are happy to work with your carrier to maximize your benefits. We will bill them directly for their portion of your treatment fees*1*.
  - Your portion of the total fee will be estimated based on your insurance coverage. This payment will be due on the day of your appointment*2*.
- Care Credit Financing
  - We do not want financial concerns to be a barrier in obtaining the services you may want or need. Accordingly, we offer a range of monthly payment plans facilitated by Care Credit. These include:
    - Zero Interest Plans from 6-12 months*3*
    - Fixed-Rate, Extended Payment plans, from 18-60 months.
    - These plans have no annual feels or pre-payment penalties. They are subject to credit approval.
- For patients who are not using insurance or Care Credit, payment will be due in full at the end of each appointment for the work that was completed that day.

Please note:

OZ Family Dentistry requires payment at the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund, less the cost of care received.

If you miss or cancel an appointment without a 48 hour notice a fee of $50 may be applied to your account.

OZ Family Dentistry charges $50 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

_____ _____

Patient, Parent or Guardian Signature Date

_____

Patient Name (Please Print)

---

1 *If we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits from your carrier.*

2 *After we receive payment from your insurance, if we find you have overpaid, you will be refunded the appropriate amount. If there has been an underpayment, you will be billed for the difference.*

3 *If payment is made in full within the promotional period. Otherwise interest will be assessed from the beginning date of the loan.*