# Ramsey Dental Group

9095 NORTH HESS STREET | HAYDEN ID, 83835 | (208) 772-4500

**Written Financial Policy**

Thank you for choosing Ramsey Dental Group. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

**Payment Options:**

You can choose from:

- Cash, Check, Visa or MasterCard
- We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to completion of care.
- Convenient Monthly Payment Options[1] from CareCredit Healthcare Credit Card include:
  - ✓ Allow you to pay over time
  - ✓ No annual fees or pre-payment penalties

Please note:

Ramsey Dental Group requires payment prior to 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 provided.

For plans requiring multiple appointments, alternative payment arrangements may be provided.

For patients with dental insurance, we are happy to work with your carrier to maximize your benefit and bill them directly for reimbursement for your treatment. Full payment of deductible and estimated co-payments is expected before the completion of treatment.

Ramsey Dental Group charges $25 for returned checks and $200 for credit card charge backs.

Accounts with balances over 90 days will be considered overdue and an interest charge of 1.5% monthly (18% annual) will be applied each month. There is a minimum charge of $1.50.

I understand that charges not covered by my insurance company are my responsibility. I hereby authorize release of any information, including the diagnosis and records of any treatments or examinations rendered, to my insurance company. This release is solely for the purpose of facilitating billing and reimbursement, directly to the doctor, of benefits to which I am entitled.

I have read, understand, and agree to the above Financial Policy.

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

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Patient, Parent or Guardian Signature Date

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Patient Name (Please Print)

[1]Subject to credit approval

[2]However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.