

**DENTAL HEALTH CLINIC, P.A.**

20 S Minnesota St  
New Ulm, MN 56073  
(507) 359-2047

**FINANCIAL POLICY**

**Our policy is that all services are paid for at the time of service.**

If you carry dental insurance we will be happy to file all insurance claims on your behalf, but please remember that insurance coverage is a contractual agreement between you and your insurance company. We have found, in some cases, insurance companies will deny or reduce benefits despite our best efforts to demonstrate the necessity for care. You will be responsible for any unpaid amounts. If insurance is outstanding for more than 30 days, you will be billed for the full amount, **payable upon receipt**. We will then reimburse you the amount due you when your insurance payment comes in.\*

**The payment options available in our office are listed below:**

**Check or cash**

**MasterCard, Visa, Discover, or American Express**

**CARE CREDIT/LENDING CLUB** flexible **interest free** payment plans.

**IN OFFICE SAVINGS PLAN** (option for the uninsured) This option is for established accounts in good standing. **ASK US HOW TO APPLY**

*\* There is a \$5.00 billing fee (subject to change) when a 2<sup>nd</sup> statement has to be sent or account goes beyond 30 days. After 60 days, outstanding accounts are sent to a 3<sup>rd</sup> party collection agency. You will be responsible for any fees associated with trying to collect your debt. Billing fee subject to change*

NAME (printed) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_