

Hamilton Advanced Dentistry, LLC
129 Copper King Ct
Hamilton, MT 59840
406-363-2421

Financial Agreement Payment Options

Our goal is to provide the highest quality dental care possible and to have clear communication of our financial policy.

ALL ACCOUNTS ARE DUE AND PAYABLE AT TIME OF SERVICE. If a procedure requires multiple appointments, payment is required in full at the first appointment unless prior arrangement has been made.

Payment options:

- 1. **Cash or Check** - A 5% discount is given when payment in full is made at each appointment for services rendered.
- 2. **Credit card** - Visa, MasterCard, American Express, Discover-5% discount does not apply.
- 3. **HSA** - Healthy Savings Account
- 4. **Care Credit** - 6 month or 12 month deferred interest payment plan upon approval-5% discount does not apply.
- 5. **Dental Insurance/Insurance Patients**: You are required to provide current insurance information prior to time of service. If unable to provide this Dental Office with the insurance at time of service or this information is incorrect, you will be considered self-pay and responsible for paying for your visit at time of service. Our contractual arrangement is with you, our patient, not your insurance company. Should there be a dispute related to the service provided or the charge for that service, the settlement of that dispute is with your insurance carrier is between you and your insurance carrier. Our office is not involved in the settlement of such disputes. The final responsibility for the services proved to you is yours.

The PATIENT is responsible for the ESTIMATED non-covered portion, procedures and/or deductibles at the time of service. If the insurance company does not pay after 60 days, we will bill you directly for the remaining balance. -5% discount does not apply. A 1 ½% per month service charge will be accessed to the balance until paid in full. Accounts outstanding beyond 120 days may be subject to collections.

*****Note: Missed appointments or less than 24 Hour notice, there will be a \$25 charge.*****

I have reviewed and accept the Financial Policy for Hamilton Advanced Dentist

Signature

Date

Presented By