Integrated Dental Arts, PLLC
Katherine M. Hakes DDS FAGD FICD
Jaclyn M. Eliassen DDS
5011 W. Lowell Avenue, Suite 130 Spokane, WA 99208
509-464-3100 (T) 509-464-3200 (F) identalarts.com

Financial Responsibility Policy

Our responsibility:

- To help resolve any financial and/or treatment inquiries for you.
- To assist in billing claims to your insurance carrier(s) in a timely manner on your behalf.
- To assist you in resolving any questions with your bill, including claim payment.
- To refund you in a timely fashion if any credit were to remain after your insurance pays its portion of your treatment.

Your responsibility:

- To pay for treatment rendered at the time of service
- To provide us with current and accurate information to submit your claims correctly.
- If you are insured, to pay any balance estimated prior to the time of service as well as any balance remaining after insurance pays their portion, according to the contracted agreement.

Payment:

- Payment is due in full at the time the service is provided in our office.
- We accept cash, personal checks, and credit cards (MC, VISA, DISCOVER, AMEX).
- For private pay parties, we offer a 5% courtesy reduction for prepayment of scheduled restorative service(s).
- Arrangements with outside financing (CareCredit and Wells Fargo) is available for qualified patients.
- Balances older than 60 days may be subject to additional collection fees and interest charges of 1% per month. Interest rates will be waived if a prepayment plan is set up on auto pay to a credit card.
- Returned checks will be charged a $50 fee. If 2 or more checks are returned by your bank, alternative form of payment may be required.
- **Any outstanding balances are due within 30 days** (after the insurance pays). Delinquent and unpaid balances may result in referral to our collection agency. A 25% service fee will be added to all balances forwarded to collections.
- **We do our best to estimate what your insurance will cover and what you will owe for services rendered. Please note this is never a guarantee. If for any reason the insurance does not pay their estimated portion, it is your responsibility to pay any remaining balance.**

Cancellation and No-Show Policy: In fairness to other patients, our doctors and team, we require at least 48 hours notice to cancel appointments. You may be charged a non-refundable $50 fee for missed **Hygiene** appointments; $100 for **Dental Treatment** visits. Multiple occurrences may result in dismissal from the practice.

Late Arrivals: We strive to see patients at their scheduled appointment time. Therefore, if you are more than 20 minutes late, you will need to reschedule your appointment. You may be charged a non-refundable $50 missed appointment fee.

I acknowledge receipt of Integrated Dental Arts, PLLC patient financial policy and have ready, understand and agree to comply with these policies.

Date:_____
Name: _____

Signature: _____