

Integrated Dental Arts, PLLC

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Financial Responsibility Policy

Our responsibility:

- To help resolve any financial and/or treatment inquiries for you.
- To assist in billing claims to your dental benefit 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 dental benefit 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 have dental benefits, pay any balance estimated prior to the time of service as well as any balance remaining after dental benefit pays their portion, according to the contracted agreement. Some dental benefit plans pay directly to the patient, full payment is expected at the time of the appointment, we will file your dental claim.

Payment:

- Payment is due in full at the time the service is provided in our office unless previous arrangements have been made.
- We are offering Credit Card on file, to provide contactless and expedited service.
- We accept cash, personal checks, and credit cards (MC, VISA, DISCOVER, AMEX).
- For private pay parties, we offer a 5% courtesy reduction, excluding products.
- Internal and External financing (CareCredit) are available upon request.
- Returned checks will be charged a \$75 fee. If 2 or more checks are returned, alternative forms of payment may be required.
- **Any outstanding balances are due within 30 days** (after the dental benefit pays). Balances older than 60 days may be subject to a monthly 1% interest charge and may result in referral to our collection agency. A 25% service fee will be added to all balances forwarded to collections. Interest rates are waived when financial arrangements are set with auto pay via credit card on file.
- **We do our best to estimate what your dental benefit will cover and what you will owe for services rendered. Please note this is never a guarantee. If for any reason the dental benefit plan 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. Note any appointment cancelled within a 48 hour, or failed, is subject to a \$75 missed appointment fee. Cancellations for Monday appointments are required by 1:00 pm on the previous Friday. Repeat failed or cancelled appointments may cause dismissal from the office.

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.

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

Date: _____

Name: _____

Signature: _____