

Plaza Dental PA

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Credit Policy and Patient Responsibility/Cancellation Policy

Thank you for choosing Plaza Dental PA as your dental care provider. Because our patients are so important to us, we want you to fully understand our credit policy and the payment options available to you. We are aware of how complicated insurance and financial arrangements can be and hope to simplify this process for you. Listed below are the details of our credit and financial policies. Please read carefully and sign to begin treatment.

For your convenience, we accept cash, check, Visa, MasterCard, Discover and Care Credit.

We offer payment plans with **prior approval** and signed financial agreements only.

A finance charge of 12% annually will begin accruing after 90 days from the date of service.

PATIENTS WITH INSURANCE COVERAGE

We will file claims to your insurance company and accept assignment of benefits. **However, charges incurred are your personal responsibility whether your insurance pays or not.** Coverage amounts, limitations, etc. vary from policy to policy. It is your responsibility to seek coverage amounts and limits of liability of your insurance policy. You understand that your insurance policy is a contract between you and your insurance company and this office holds no party to that contract and will not be held responsible in the event your insurance company denies a claim.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment option for our patients. We charge what is usual and customary for our area. You are responsible for charges regardless of what your insurance company deems usual and customary.

DELINQUENCY

In the event your account becomes past due and is referred to an outside collection agency or attorney, you may be responsible for the collections costs, along with reasonable attorney fees and court costs incurred by this office.

CANCELLATION POLICY

We require a 24-hour notice for appointment cancellations. In the event that you fail a scheduled appointment, a \$50.00 cancellation fee may be charged to your account.

I have read and understand Plaza Dental's Credit Policy and Patient Responsibility/Cancellation Policy.

Signature of Patient/Parent or Guardian

Date