

Pediatric Dentistry
Dr. Kevin L. Rencher D.D.S.
251 Saddle Dr.
Helena MT 59601
(406) 449-0189

FINANCIAL POLICY

48 hours notice is required for canceled appointments. Missed appointments and canceled appointments with less than 48 hours notice will be assessed a \$45.00 fee, payable immediately. We understand that conflicts occur, but the more notice given, the better chances we have to appoint another child in need of dental care. We ask that you respect our schedule as we do yours by seeing our patients in a timely manner.

Assignment of Benefits: We will accept assignment of benefits IF the required insurance information is provided prior to the dental treatment AND the insurance company honors assignment of benefits. Most insurances accept assignment of benefits and they will pay the dentist. A completed "signature on file" form is necessary in order to file claims on your behalf.

Payment

- Payment in full is due at the time of service unless other arrangements have been made. **All payment arrangements must be made in advance.**
- A co-payment of 25-50% is required at the time of service. The co-payment is based on the type of insurance you have.
- If payment is made in full, at the time of service, you will receive a 5% discount.

Insurance Patients - If your insurance accepts Assignment of Benefits, the patient pays the portion estimated by the dental office which may include deductible, co-pay and % not covered by the insurance. If the claim has not been paid in 45 days, we require that you pay the balance using one of the approved payment methods.

A rebilling fee may be assessed each month for accounts not paid in the current cycle.

All non-sufficient funds checks are subject to a return check fee.

Should it be necessary to take action to collect any amount owing under this agreement, you will be responsible for costs incurred to collect including but not limited to, collection agency fees, attorney fees and court costs.

I have read, understand and agree to the provisions of this Financial Policy.

Patient Name

Patient D.O.B.

Date

Parent/Guardian

Relationship to Patient