

PRAIRIE DENTAL CENTER

TERMS OF SERVICE

Thank you for choosing Prairie Dental Center as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment at Prairie Dental Center. The following is the statement of our Terms of Service:

GENERAL INFORMATION:

Regardless of insurance status, you are responsible for payment of all services provided by Prairie Dental Center and for the balance due on your account. This includes but is not limited to dental fees, surgical procedures, tests, office procedures, medications, and services not directly provided by Prairie Dental Center.

MISSED APPOINTMENTS:

A fee may be charged to you for an appointment cancelled without a 24-hour notice given to Prairie Dental Center. Without this notice of cancellation, we are unable to offer treatment to other patients who may have needed our care during the time of your appointment. Please help us service you by keeping scheduled appointments.

DENTAL INSURANCE:

As a courtesy to you we will gladly process your dental insurance claims. Please understand it is our responsibility to provide the treatment that best meets your needs, not to try to match your dental care to your dental insurance plan. Dental insurance plans do not correspond to individual patient needs, and so sometimes necessary dental services are not covered by dental insurance plans even though you may need those services. Your dental insurance plan is a contract between you and your dental insurance provider and/or employer. Prairie Dental Center is not a party to these contracts. Therefore, all charges incurred at Prairie Dental Center are your responsibility. When we are requested to process a dental insurance claim, all dental insurance benefits are payable to Prairie Dental Center, and you agree to release the information necessary for us to process your dental insurance claim. We realize temporary financial situations may affect prompt payment of your account. If such problems arise, we encourage you to contact us for help in the management of your account.

PAYMENT FOR SERVICES:

We offer the following payment options: Cash, Check, Visa, MasterCard, Discover, and CareCredit. It is your responsibility to notify us of insurance problems at the time of payment. Unpaid balances over 90 days will be subject to monthly interest of 18% APR. If an unpaid balance becomes delinquent, the patient will be responsible for the costs of payment collection, attorney's fees, and court costs associated with the recovery of the balance due on the account.

Please indicate your understanding and acceptance of our Terms of Service by signing below. For the mutual convenience of you and Prairie Dental Center, it is understood this is an executed copy of our Terms of Service and shall cover any dependent children who also are patients of Prairie Dental Center.

Patient's Name: _____

Signature: _____

Date: _____