# Mountains West Dental Dr. Monte R. Eppich

### FINANCIAL POLICY AND CONTRACT

## **Payment Options Without In-Office Financing**

- 1. Payment in full for today's treatment (or)
- 2. A "Post dated check" for the entire balance of the treatment (or)
- 3. Bank or finance company arranged loans (dental office may assist patient in application.

# **Payment Options With In-Office Financing**

Extended payments:

Three payments each: 1/3 at first visit, 1/3 of payment 30 days after completion of treatment, and the final 1/3 of payment 60 days after completion of treatment. Payment must be complete before any new treatment will begin.

#### For Those Patients with Insurance

- 1. Patient's estimated portion of treatment must be paid in FULL at the time of treatment.
- 2. Patient must pay any additional portion in FULL within 30 days after receiving the statement, noting that insurance has paid its share.
- 3. We must be provided with a copy of your insurance card at the time of service showing the members name, ID, and group numbers, as well as the claims address for billing. We cannot accept responsibility for collecting from the insurance company or negotiating settlement on a claim. You are ultimately responsible for your account regardless of insurance coverage.

I understand the above payment opt	ons and having selected the option that suits my
financial schedule, agree to pay as o	escribed.

Patient:	Date:
auciii.	Date.