

## **1. PAYMENT IN FULL**

We require all out of pocket costs and insurance co-payments be paid at the time of service. If insurance pays less than estimated, you are responsible for the remaining balance. If insurance pays more than estimated, the difference will be refunded to you in the form of a check.

## **2. METHOD OF PAYMENT**

We accept MasterCard, Visa, and Discover. We also participate in the Care Credit program.

## **3. NEW PATIENTS**

New patients to the practice are required to pay by either cash or credit card; no checks will be accepted at first appointments.

## **4. PRE-PAYMENT**

For crowns, partials, dentures, root canals and all other major procedures, half of the out of pocket cost must be paid in order to reserve your appointment; and the second payment is due prior to the final appointment.

## **5. INSURANCE**

As a courtesy to you, Town & Country Dental will gladly assist with the filing of insurance forms and paperwork. We will work directly with you in order to resolve any disputed claims.

## **6. BROKEN APPOINTMENTS**

We require 48 hours notice in order to reschedule or cancel any appointment. Canceling less than 48 hours, or not showing for your scheduled appointment will result in a charge of \$30.00 per 30-minute time block.

Canceling less than 48 hours, or not showing for prime time appointments (7:00am, 8:00am, 4:00pm or later), will also result in lost privileges of these prime appointment times.

## **7. CHILDREN**

Whoever accompanies the child(ren) is responsible for the charges incurred at Town & Country Dental on the date of service.

## **8.) EMERGENCIES**

New patients seen on an emergency basis are required to pay in full by cash or credit card; no checks will be accepted. Insured emergency patients will be reimbursed once the insurance payment is received.

\*\* After hours emergencies will be charged an additional \$105.00 to be seen.

Town & Country Dental  
N168 W20566 Main Street  
Jackson, WI 53037

(262)677-2224

\*\*\*Any account balance over 90 days will be subject to a finance charge of \$15.00 per month.

I have read and understand the above Financial Policy of Town & Country Dental and agree to its terms.

Response Date: