



**Knutson Family Dentistry**

1714 E. Cherry Street • Vermillion, SD 57069

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## **Financial Policy**

This statement is to inform you of our financial policy. Here at Knutson Family Dentistry, caring for and being conscious of our patient's financial and dental needs are a top priority of ours. Dental treatment is an excellent investment in a person's oral and overall wellbeing. Financial considerations should not be an obstacle in obtaining this important health service.

We work with all insurance companies to get you the most benefits possible. We also offer interest-free low monthly payments through Care Credit, offer 5% discount with check or cash, and take all major credit and debit cards. All patient payments and/or deductibles are due the day a service is provided, unless other arrangements have been made prior to your treatment date.

As a courtesy, our office will file all dental insurance claims on your behalf. In order for our office to file your insurance claims you must provide us with all the accurate information prior to your appointment. If we are unable to verify your insurance coverage you will be required to pay the entire balance. You are responsible to make our office aware of any changes to your insurance.

In addition to the great service our office provide, we offer a complimentary dental insurance benefits check. This does not, however, exclude you from being on familiar terms with your insurance coverage. Our staff strives to provide you with the most accurate insurance benefit payment, but ultimately it is an estimate subject to changes without notification.

All incurred charges are ultimately the responsibility of the patient regardless of insurance coverage. As your dental care provider our relationship is with you and not your dental insurance. Your dental insurance is a written contract between you, your employer, and your dental insurance company. Our office is not a party in that contract or in any possible restrictions. We recommend checking with your dental insurance prior to treatment.

All accounts not paid within thirty (30) days after a statement is processed will be subject to a monthly finance charge. Furthermore, appointments cancelled within 24 hours' notice is subject to a nonrefundable charge of \$25.00 per appointment on account. Missed or "no show" appointments will also incur a fee of \$25.00 per appointment time.

If you have any questions regarding our financial policy, please do not hesitate to ask.

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**Signature of Patient**

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**Date**