

OFFICE FINANCIAL POLICY & AGREEMENT

In our continued commitment to provide the highest quality of dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment.

- Payment Plans: Care Credit, Wells Fargo, Capitol One
- 5% Accounting courtesy for payment in full with cash or check.
- Visa, MasterCard, American Express, Discover

We are committed to support you in understanding your dental health, so that you will always be able to make the best choices. We will always present you with the best dental solution possible to treat your personal situation.

We will, as a courtesy, process your insurance benefits in our office. All questions regarding your insurance benefits must be addressed to your insurance carrier.

I agree I am fully responsible for the total payment of all procedures performed in this office. This includes any treatment that may not be paid by dental insurance that I may have. I agree that I will pay all amounts not covered by insurance. I agree that at the time services are provided an estimate will be made of the portion of fees that may not be covered by insurance and that estimated portion will be due at the time of the services. I agree that payment shall be made for all services within 60 days after the date of service, even if my insurance company has not paid yet. I agree that interest of 1.25% per month (15% per year as allowed by Montana Code Annotated §31-1-107) will be charged on all unpaid balances after 60 days from the treatment date, even if a claim has been made on my insurance. I also understand that if credit is extended to me by this dental office, a credit check may first be made through TRW or other credit reporting services and I hereby authorize release of all financial information to Michael E. Taylor, DDS, P.C. for this purpose.

We are here to assist you in any way possible. Please make your questions and concerns known to our team...our goal is to ensure that you have an outstanding experience.

Signature (responsible party)

Date