



4180 Dean Lakes Blvd.  
Shakopee, MN 55379

Phone 952-233-1020  
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### Written Financial Policy

Thank you for choosing Shakopee Dental. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

#### **Payment Options:**

Shakopee Dental requires payment on the day of service. You can choose from:

- Cash, Check, Visa or MasterCard

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to completion of care.

- NO INTEREST<sup>1</sup> Payment Plans<sup>2</sup> from CareCredit

Allow you to pay over time with NO INTEREST<sup>1</sup>  
Convenient, low monthly payment plans<sup>2</sup> also available  
No annual fees or pre-payment penalties

#### **Please Note:**

For plans requiring multiple appointments, alternative payment arrangements may be provided.

For patients with dental insurance: Insurance is a contract between you and your insurance company. We are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.<sup>3</sup> Co-pays and/or deductibles collected on the day of service are estimates based on a basic summary of benefits provided by your insurance company and are not a guarantee of benefits. You are responsible for any remaining balance. At your request, we are happy to submit a pre-authorization to your insurance company prior to treatment (addressing concerns of coverage, plan exclusions and/or limitations). Our priority is to help you achieve the best possible oral health and we cannot allow insurance companies to dictate our treatment plan.

We charge 21% interest on all past due accounts without a financial agreement in place<sup>4</sup>.

A fee of \$40 is charged for patients who miss or cancel their appointment without a 24-hour notice.

Shakopee Dental charges \$25 for rejected, returned or dishonored checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

<sup>1</sup>If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>2</sup>Subject to credit approval

<sup>3</sup>However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

<sup>4</sup> Balances over 90 days may be turned over to an outside collection agency. All collections fees, legal costs and court fees (40%-50% of account balance) associated with the collection of your account, will be applied to the balance due at the time said action is taken.