

Thank you for choosing us!

Financial Agreement

Billing & Insurance

We make every effort to provide you with the finest care and the most convenient financial options. In the interest of both good medicine and good business, we believe it's best to establish a fair financial policy to avoid any misunderstandings later. Do not hesitate to ask questions about the cost of your dental treatment. You have a right to know and understand our charges as well as your own insurance benefits. As a result we have adopted the following financial policies:

Fee & Payment Policy

A written estimate will be provided for you on all treatment plans. A down payment may be required to reserve a day with the Doctor for all complex restorative or cosmetic treatment, regardless of insurance coverage.

1. Payment of the estimated patient portion is due at the time of service. We accept Visa and Mastercard. We also offer Care Credit, an interest free financing program 6-18 months. As a courtesy, Dr. Fisher pays the interest. Visit www.carecredit.com.
2. Crowns/Bridge copayments may be split between 2 visits.
3. A 5% uninsured courtesy discount is offered to our uninsured patients who pay by cash or check.
4. A bookkeeping courtesy of 5% is offered for large treatment cases paid in full at the time of scheduling.
5. Accounts over 60 days may be charged a 1.5% monthly fee.
6. Accounts over 90 days past due may be assigned to a collections company.

Insurance Information

We are a participating provider with most dental insurance company's and maintain a "preferred provider" status with Aetna, Premera Blue Cross and Regence. As a courtesy we will file your insurance claims for you and accept assignment of benefit. Please maintain a copy of your plan benefits and alert us as to any changes. Your insurance policy is an agreement between your employer and the insurance company. While we will work closely to maximize your insurance coverage, every plan is uniquely different and plans change constantly. It is not possible for us to know the various clauses and individualities of every plan. Because of this, we can only provide an average estimate for services rendered. For the most accurate estimate, please consult with the director of your insurance plan prior to treatment. Should your insurance company pay less than expected, you will be responsible for the balance. If your insurance company pays more than was estimated, you will receive a prompt refund.

We recommend treatment based on providing you with the best, up-to-date dental care possible. Please feel free to ask a financial coordinator if you have any questions about the cost of care.

I have read and understood the Billing and Insurance Policies for the practice of Kelley Fisher DDS, PLLC.

Patient Signature/Parent or Guardian

Date: _____

Patient Name Printed

Relationship to Patient: _____

Kelley Fisher D.D.S., P.L.L.C.