

PATIENT FINANCIAL POLICY

Thank you for choosing Santini Family Dentistry for your dental care needs. We appreciate your trust in us and the opportunity to serve you. We are committed to your treatment being successful. As part of our service to you, and in an effort to contain ever-rising costs, we have implemented the following Financial Policy. We require all patients to read and sign our Financial Policy prior to treatment. If you have any questions, please let us know. We will be happy to discuss our policy with you.

Routine Dental Care: All fees for routine dental services are due in full on the date of services are rendered unless other arrangements are made in advance.

Cash Discount: We offer a 5% discount for full payment at the time of service when paying with cash or check. This discount is only available to patients without insurance coverage and to patients with insurance carriers with whom we do not participate.

Major Procedures: All major work, such as crown and bridge, dentures, partial dentures, root canal therapy, root planning, or extensive general dentistry, will necessitate payment in full for patients without insurance or payment in full of patients portion for those with insurance when the treatment is started.

Insurance: We submit claims to all primary and secondary insurance carriers. Please remember that your insurance coverage is a contract between you and your carrier. You, the insured, are responsible for payment on any claims that are 1) denied, 2) unpaid due to deductible, 3) partially paid, or 4) specifically partially paid due to the carrier's arbitrary determination of "usual and customary" rates. **All balances are due and payable upon receipt.**

MasterCard/Visa: All can be used for payment of account at any time.

Care Credit: **The Care Credit Program** is available in the event you do not wish to use a major credit card or cash payment. Details of the program are available at your request.

Minor Patients: Parents must accompany minor patients to their first dental appointment. For unaccompanied minors, nonemergency treatment may be denied unless full insurance information is provided or prior arrangements for full payment at time of service have been made.

*A 1.5% interest fee will be applied to accounts 90 days past due.

I have read the Financial Policy and understand its contents. I agree to abide by the policy for all services provided by Santini Family Dentistry.

 Signature of Parent or Responsible Party

 Date

NO DENTAL INSURANCE

___ Cash or Check

___ Charge Card

___ Care Credit

DENTAL INSURANCE

Insurance Co. _____

___ Pay deductible/co-pay on day of service

___ Care Credit

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