

## PRAIRIE LAKES DENTAL, P.A.

DR. KELLY BUMGARNER  
2633 Jefferson Street, Suite 801  
Alexandria, MN 56308

### **FINANCIAL AGREEMENT**

**Financial Policy:** I understand that my insurance policy is a contract between my insurance company and me. As a service to me, Prairie Lakes Dental will submit my insurance at no charge. If the insurance company does not pay my claim within 30 days after it is submitted, Prairie Lakes Dental requires that I pay the balance of my account and contact my insurance company regarding settlement. I understand that my account is always billed to me and that I am personally responsible for payment of my account. If I do not pay my account within **30 DAYS** after receiving a statement, Prairie Lakes Dental will treat it as a loan under this agreement, subject to finance charges.

**STATEMENTS:** Prairie Lakes Dental will mail a statement showing services, payments, and credits made to the account during the previous month and the date the payment is due.

**FINANCE CHARGES:** Prairie Lakes Dental will charge a **FINANCE CHARGE** for each month the account is not paid. There is a grace period of 30 days during which no finance charges will occur. Our present rate is 1.5%, corresponding to an annual percentage rate of 18%.

**ASSIGNMENT OF BENEFITS:** Insurance claims only- I AUTHORIZE PAYMENT OF DENTAL BENEFITS TO **PRAIRIE LAKES DENTAL.**

**APPOINTMENT POLICY:** We require 24 hour notice for appointment changes or cancellations. Our office policy is dismissal of patient after 3 failed appointments (a charge may be incurred).

**WE EXPECT PAYMENT IN FULL THE DAY OF SERVICE WITH CASH, PERSONAL CHECK, OR CHARGE TO MASTERCARD OR VISA. WE ALSO HAVE CARE CREDIT AVAILABLE (YOU MUST APPLY AND BE APPROVED BEFORE USING). IF WE ARE SUBMITTING INSURANCE FOR YOU WE EXPECT THE BALANCE PAID IN FULL WITHIN 30 DAYS OF YOUR APPOINTMENT UNLESS PREVIOUS ARRANGEMENTS ARE MADE.**

**I AGREE TO THIS FINANCIAL AGREEMENT AND THE TERMS LISTED ABOVE.**

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DATE

SIGNATURE OF PATIENT (if over 18), PARENT, OR RESPONSIBLE PARTY