

# Bates Dental, PS

2700 SOUTHEAST BLVD STE 104 | SPOKANE WA, 99223 | (509) 795-5878

## Written Financial Policy

Thank you for choosing Bates 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:

You can choose from:

- **Cash, Check, Visa, MasterCard, American Express or Discover Card**

We offer an 8% courtesy accounting adjustment to patients who pay for their treatment with cash or check at the time of service.

- Convenient Monthly Payment Options<sup>1</sup> from **CareCredit Healthcare Credit Card**

- o Allow you to pay over time
- o No annual fees or pre-payment penalties

Please note:

Bates Dental requires payment at the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.<sup>2</sup>

**A fee of \$50 may be charged for patients who miss or cancel more than 1 time in a calendar year without 48-hour notice.** \_\_\_\_\_ (please initial)

Bates Dental charges \$30 for returned 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>Subject to credit approval

<sup>2</sup>However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.