 716 Quincy St.

Rapid City, SD 57701

605-399-9000

www.unkenholzfamilydental.com

**PATIENT PAYMENT, POLICIES AND AUTHORIZATIONS**

As a courtesy to our patients, we file all dental claims on your behalf to the insurance carrier(s) that you have provided to us. Our services are based on dental necessity and some of the charges may not be covered under your benefit plan. In the event that your claim(s) are denied, in whole or in part, you are ultimately responsible for all charges. In addition to any denied charges, co-payments and amounts applied to deductibles and co-insurance are due at the time of service. If you fail to show up at a scheduled appointment without calling to cancel or reschedule, your account may be charged a no show fee of $25.00.

**Payment Options:**

* Cash or Check
* Visa/Mastercard/Discover
* Care Credit
* In-House Financing (please inquire with financial coordinator if interested in this option prior to beginning treatment)

**Policies:**

Insurance(s) will be filed as a courtesy to you. If payment is not received within sixty (60) days of filing your insurance, we will bill you for the amount due. A 1.5% monthly finance charge will be assessed on your account if it becomes thirty (30) days past due.

**Authorization:**

I hereby authorize payment directly to Unkenholz Family Dental, Prof LLC for the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. I hereby authorize Unkenholz Family Dental to administer such diagnostic, photographic and therapeutic procedures as may be necessary for my complete dental care. My signature permits Unkenholz Family Dental to use photographs for educational purposes or commercial use. The information on this page and on the medical/dental histories page are correct to the best of my knowledge. I grant the right to the dentist to release my medical/dental treatment to third party payors and/or authorized health care professionals.

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**Print Name**

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