Dr.Jonathan Jenkins, DDS., MS

Practice Limited to Periodontics & Implant Dentistry

**FINANCIAL POLICY**

*Please read our office financial policy and sign in agreement at the bottom of this sheet.*

*If you have any questions or concerns, please let us know.*

*The following is a statement of our Financial Policy which we require all patients read and sign prior to any treatment including your initial exam.*

**Payment for Services:**  Payment is due at the time services are rendered. We accept cash, check and credit cards (Visa, Mastercard & Discover). We will extend a 5% discount on any payments made by cash or check. We also accept payment through Care Credit for those who qualify. Care credit is a payment program offering a full range of No interest plans for your dental treatment. We require that any services not covered by your insurance be paid at the time of treatment.

**Initial Visit:**  All new patients referred to our office will be scheduled for a comprehensive oral examination with Dr.Jenkins. This exam is a billable item and not all insurance companies will cover this exam if you have recently had an appointment with your general dentist. We suggest contacting your insurance company prior to your appointment. Dental x-rays will be required in order to provide an accurate diagnosis. We request that you contact your referring dentist to have any recent full mouth x-rays sent to our office.

**Insurance:**  We are in-network providers for all Delta PPO & Delta Premier, HealthPartners, Metlife & the insurance plans contracted with the Premier network. It is the patients responsibility to be aware of his/her insurance benefits, exclusions and frequency limitations. Every plan is different and changes do occur frequently. Dr.Jenkins will tailor your treatment plan based on what you need done and not what your insurance will cover. We will submit a treatment plan to your insurance company after your appointment with Dr.Jenkins. This is done to provide you with an **estimate** of your co-pay prior to your treatment. If you are covered by 2 insurance companies, you need to be aware of a duplication clause and verify whether or not your secondary insurance has standard coordination of benefits or not. This may limit your secondary insurance payment.

**Private Pay Patients:**  Full payment is due at the time of your appointment or treatment for individuals not carrying any dental insurance.

**Failed or Missed Appointments:** Once an appointment has been made, that time is reserved specifically for you. We reserve the right to charge a fee for all canceled or missed appointments without 24 hours notice.

**I have read and understand this financial policy. I have been given the opportunity to ask questions regarding this policy.**

**Patient Name: (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**