Dr. Jeffrey P Fish DDS * 107 West Main Street * Crosby, MN 56441 * 218/546-6031

FINANCIAL POLICY

In an effort to provide you with the highest quality care and still maintain lower prices for our services, we have established this financial policy to assist you in understanding and complying with our clinic's service fees. The patient or patient's guardian is responsible for payment of all services provided by the dental office of Jeffrey P Fish DDS. Please select a payment plan below:

☐ **I have dental insurance**

Insurance Adjustment
Jeffrey P Fish DDS is a provider in my insurance network.*(All balances are the responsibility of the patient regardless of the insurance.)*

☐ **I would like to use/apply for Care Credit**
Learn more at
https://www.carecredit.com/

☐ **I do not have dental insurance**

Uninsured Patient Courtesy
Receive a 5% discount if payment is received in full at the time of service, by cash or check. The discount does not apply to payments with debit, credit, or HSA account cards.

Insurance claims
Dr. Fish accepts all insurance adjustments from programs which he is a contracted provider. Due to the contractual agreement and negotiated rates with the insurance provider, he cannot provide further discounts.

Dental insurance policies are contracts between the insurance company and the insured. Insurance companies pay only a portion of your dental services, that portion is specified by your insurance contract. It is **your responsibility to verify all insurance policies regarding co-pays, deductibles, and coverage.** All patient co-pays are due at the time of service. We are happy to accurately and efficiently submit all claims to your insurance company. However, in cases where your insurance company has not paid the services within 60 days, the patient or patient's guardian is responsible for the bill.

We reserve the right to run a credit check on any new patient. An outstanding account balance that exceeds 90 days without payment will result in being referred to our collection agency and dismissal from our practice. Patients filing for bankruptcy, will also be dismissed. A fee of $30.00 will be assessed on all returned checks.

I have read and understand the financial policies described above. By choosing to proceed with my care, I am also agreeing to comply with these policies. All estimated co-payments provided from your insurance will be due on the day of service.

Patient or guardian signature	Date	Jeff P Fish DDS staff signature	Date

Any remaining account balances after 60 days will accrue a 1.5% interest charge.