

Ortman Family Dentistry

1530 KOSSUTH ST | LAFAYETTE IN, 47905 | (765) 447-0322

Written Financial Policy Effective January 1st, 2016

Thank you for choosing Ortman Family Dentistry. 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, MasterCard, Visa, Discover, and CareCredit Healthcare Credit Card
- We offer a 3% courtesy accounting adjustment to patients who pay for their treatment with Credit Card prior to completion of care for treatment plans of \$700.00 or more.
- We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with Cash or Check prior to completion of care for treatment plans of \$700.00 or more.
- Convenient Monthly Payment Options¹ from CareCredit Healthcare Credit Card
 - o Allow you to pay over time
 - o No annual fees or pre-payment penalties

Please note:

Delta Dental Patients are required to pay in half on date of service and half within 30 days due to insurance pays patient directly.

Ortman Family Dentistry requires co-pays at time of service.

Ortman Family Dentistry requires payment prior to the completion of your treatment unless prior arrangements have been made. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

We accept payment in thirds. For plans requiring multiple appointments, alternative payment arrangements may be provided.

We also offer Flexible Financial options on case by case basics.

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.²

Ortman Family Dentistry charges \$25.00 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Subject to credit approval

²However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.