Oswego Dental Group
Financial Policy

We appreciate the opportunity to serve you! We've found that a clear understanding of our financial policy in advance of dental care helps to relieve some of the anxiety associated with dental visits. Please read the following information carefully and feel free to contact our office should you require any clarification.

Payment in full for services rendered is expected on the day of service. We accept Visa, MasterCard, Discover, checks, and cash as forms of payment. Customized financial arrangements are often structured for patients with extensive treatment plans.

For patients with insurance coverage, the estimated copayment amount and deductible are expected on the day of service. Please understand that you are ultimately responsible for the fees associated with your treatment unless specified otherwise by your insurance agreement.

We request 24 hours' notice if you need to reschedule or cancel an appointment. Our office reserves your appointment time exclusively for you. Patients that do not arrive for their appointments as expected deny us the opportunity to treat others in need of dental care and are subject to a cancellation fee.

This is an agreement between the Oswego Dental Group (hereafter referred to as ODG) as creditor, and the Patient/Debtor named on this form. By executing this agreement, you consent to treatment by the doctors and staff at this dental practice and agree to pay for all services that are received. Once you have signed this agreement, you agree to all the terms and conditions contained herein and the agreement will be in full force and effect.

In this agreement the words "you," "your," and "yours" mean the Patient/Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we," "us," and "our" refer to the Oswego Dental Group.

Treatment Plans: You understand that if ODG has treatment recommendations for you, you will receive an itemized list of the recommended treatment. This will also contain an estimate of what the fees will be for the recommended treatment. If you have dental insurance, the treatment plan may include an additional estimate calculating what may be paid by your insurance company toward the fees for your treatment. You understand that treatment plan estimates are not a guarantee of insurance payment and you are ultimately responsible for all fees associated with your treatment.

Payments: Unless we approve other arrangements in writing, the balance on your statement is due and payable when a statement is issued, and is overdue if not paid by thirty (30) days after the statement date.

Finance Charge: A finance charge will be imposed on each item of your account which has not been paid within ninety (90) days of the time the item was added to the account. Finance Charge will be computed at the rate of 1.0% per month or an APR of twelve (12%) percent. The finance charge on your account is computed by applying the periodic rate (1.0%) to the "overdue balance of your account". The "overdue balance" of your account is calculated by taking the balance owed ninety (90) days ago, and then subtracting any payments or credits applied to the account during that time.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we refer your account to a collection agency or attorney, you agree to pay all the collection costs, legal fees and court costs that we incur.

Waiver of Confidentiality: You understand if this account is submitted to an attorney or collection agency, or if we have to litigate in court or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Returned Checks: There is a fee (currently $25) for any checks returned by the bank.

Insurance: We are an out-of-network provider for all insurance companies. However, we strive to make the financial process as seamless as possible for you.

Billing: At your appointment, we will collect only an estimated patient portion of the fee. We will submit the claim directly to your insurance company on your behalf for payment. Once your insurance company processes the claim and pays their portion, we will review the final breakdown. Whatever your insurance does not cover is the patient's responsibility. If there is a remaining balance, we will invoice you; if you overpaid the estimate, we will credit your account or issue a refund. Out-of-network benefits vary greatly by plan, we highly recommend calling the number on the back of your insurance card prior to your visit to confirm your out-of-network coverage.

Insurance Release: You authorize ODG to release any necessary information requested by your insurance carrier and authorize payment directly to ODG for any benefits available under your insurance plan.

Divorce: For divorced or separated families, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If a divorce decree requires a specific parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect any amount due from the other parent.