



South Main Dental, P.A.

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Office Financial Policy

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Thank you for choosing South Main Dental as your oral health-care provider. Our goal is to provide you with the highest quality dental care at a reasonable fee. Please understand that payment of your bill is considered part of your treatment.

Your appointment time is specific to you and your needs, and missing your appointment time slot places undue burden on our office, schedules, and staff.

1. You are the responsible party for 100% of the payment for services. As a courtesy we will accept assignment of benefits upon verifying coverage with your insurance company. If you are not able to provide us with the information necessary to verify your insurance coverage, then you will be responsible for full payment at the time of service. Your insurance policy is a contract between you and your insurance company. We are not party to that contract. If your insurance company has not paid your account balance within 60 days of treatment the balance will be automatically due and payable by you.
2. If you have insurance, you are required to pay your estimated portion of treatment the day of service. We do our best to estimate treatment costs and insurance coverage but cannot guarantee our estimated service fees and your insurance company's payout.
3. For your convenience we accept cash, personal checks, money orders, Visa, MasterCard, American Express, Discover Card, and the Care Credit. We offer a discounted professional courtesy on payments made with checks or cash on the day of service for patients without insurance. This does not apply to debit or credit cards.
4. Patients that currently have a balance with our practice will be asked not to incur any additional dental expense. For new treatment to begin, the previous balance will need to be paid in full.
5. To avoid increased fees to all patients, all balances that are older than 90 days will incur a 0.5% per month interest charge (6% per year).
6. In the event that any unpaid balance is placed for collections and/or placed with an attorney to obtain judgment or otherwise satisfy payment of this account, a fee of 35% of the unpaid balance will be added to the total amount due. This amount shall be in addition to any other costs incurred directly or indirectly by South Main Dental, PA to collect amounts owed under this agreement such as court costs, interest, late fees, etc. The fee of 35% and the additional costs and charges listed above reflect the actual costs incurred by South Main Dental, PA to collect amounts owed under this agreement and a corresponding decrease in expected revenue resulting from this signer's failure to pay as specified in this agreement. All accounts turned over to collections will be closed in our office and those patients will be asked to seek treatment elsewhere.
7. Emergency patients who are not of record shall pay for services when they are rendered. We will assist in filing a claim with your insurance company.
8. In situations where treatment requires more than 1 visit to complete (ex. Crowns, bridges, root canals, etc.) a down payment will be due at the first visit.
9. Regarding minor children, the responsible party is the parent/guardian who brings the minor to their first appointment.
10. We reserve the right to collect co-payments and/or a deposit at the time of scheduling an appointment for any patients with a cancellation or no-show history.

11. We offer financial assistance through Care Credit, an individual company not affiliated with our practice for your convenience. Payment arrangements must be made prior to beginning treatment. Our staff is happy to assist you if you need help in completing the application.
12. Due to the complex nature of dentistry, it is possible that changes in your treatment plan may occur during treatment process. As a result, additional costs may be incurred for which you will be responsible. Dr. Pierson and/or Dr. Crook will make the most accurate treatment plan possible at your initial visit, given the information that she/he has at the time, in order to minimize the chance of additional fees.
13. There will be a \$35.00 return fee charge for all returned checks. After that, we will no longer be able to accept checks as an acceptable form of payment. Returned checks not paid in full (including the returned check fee) within five days will incur a 0.5% per month (6% annual) interest charge and the account may be turned over for collection. Any checks returned for being written on a closed account will be forwarded to the State Attorney and the account will be immediately sent to collection.

Appointment Policy

1. For your convenience, we will call with an appointment reminder, and send you an email and/or text message reminder of your appointment, if you provide us with your email address and cell phone number.
2. We require a minimum of 24 hours' notice to reschedule an appointment. We allow for one no-show. Upon the second no-show, we will charge your account \$35.00. A \$75.00 charge will apply for all appointments over 1 ½ hours in length. For example, scaling and root planning and crown prep appointments. Upon the third no-show we will no longer be able to schedule appointments for you.
3. Definition of "no-show": "no-show" is a patient who:
 - a. Does not show up for their scheduled appointment, or
 - b. Cancels or reschedules their appointment with less than 24 hours' notice.

Thank you again for choosing us as your dental care provider. Please let us know if you have any questions or concerns.