



thief river falls

FAMILY DENTISTRY

Michael D. Eickman DDS

Financial Policy

Thank you for choosing Thief River Falls Family Dentistry for your family’s dental home. We strive to serve families of the Thief River Falls area with quality patient-based care. Our goal is for you to have a healthy smile that will be functional and beautiful, and we will do our best to work with you to accomplish your oral health objectives.

Patients WITHOUT a dental benefit plan have several payment options:

- 5% Cash Discount – This discount applies to cash or check payments paid in full for services rendered the same day.
- Credit Card – We accept Visa and MasterCard
- Payment Plans – We offer low and no-interest payment plans through Care Credit and Springstone Patient Financing.

Patients WITH a dental benefit plan:

It is important to remember that your dental “insurance” is a benefit plan with a contract between your employer and the benefit company. It is your responsibility to know what your benefits are and what you are allowed in any particular year.

As a service to our patients, we are happy to offer to submit your claim to your benefit plan for you. Any co-pays, deductibles or fees for non-covered services that are your responsibility will be due upon receipt of your first statement.

Any balance due after 60 days will be subject to service charges of 18% APR.

Missed Appointments:

We understand that life can be unpredictable and that at times, you may need to reschedule your appointment. We ask that you kindly give at least 24 hours notice when changing an appointment. Please understand that we have many loyal patients and that your appointment is reserved for you.

If you miss one appointment without 24 hours notice, we will kindly reschedule. After a second missed appointment, we reserve the option of charging a \$45 fee for the missed appointment. After three failed appointments, we may ask to terminate our relationship with you as a patient. We will offer emergency services for a period of 30 days, giving you time to find a new dental home.

We are grateful you have chosen Thief River Falls Family Dentistry for your oral health care needs and look forward to serving you. If you have any questions concerning this financial policy, please contact Lori Johnson during working hours and she will be happy to discuss them with you.

I (patient or legal guardian of minor) have read and fully understand the above financial agreement. I understand that I am responsible for all fees and/or balances due and agree to pay them in a timely manner.

Patient or Legal Guardian name _____

Name of Minor(s) (if applicable) _____

Signature: _____ Date: _____