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## **FINANCIAL POLICY**

We are dedicated to providing the best possible care for you and we want you to completely understand our financial policies.

1. Payment is due at the time of service unless arrangements have been made in advance. We accept cash, check, Visa, MasterCard, and AMEX. For people who don't have insurance we offer a 5% discount when paid at time of service. For any balance over 45 days, an interest rate of 12% per annum will be accrued. If required, I also understand a check of my credit history may be made.
2. We request your estimated co-pay for those patients with dental insurance. As a courtesy we will bill your primary insurance and secondary insurance, if applicable. Keep in mind that your insurance policy is basically a contract between you and your insurance company. If your insurance company does not pay the practice within a reasonable period, we will look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you.
3. We also have an option of financing over \$300.00 with CareCredit. It is an interest free dental loan for 6 to 12 months, depending on balance and credit history. Applications and additional information are available in our office.
4. There are a few insurance companies who send the payments directly to the patients. If you are insured by one of these plans, our charges for your care are due at the time of service.
5. Not all insurance plans cover all services. We can help you get the maximum coverage, but our main concern is that you have healthy teeth. We base our advice on our patients' best interest, not how much or if insurance will pay. In the event your insurance plan determines a service to be "not covered," you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
6. We charge a \$50.00 fee for same day cancellations. This is payable by the patient and not the insurance company.
7. We will do our best to inform you of our fees, although circumstances can change while treatment is in process.

I have read and understand the financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

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Signature of patient (or responsible party, if minor or custodial care)

Date

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Please print the name of the patient