

Office Financial Policy for  
John M. Shader, DMD

Thank you for choosing our office to take care of your dental needs. The following financial policy will help to alleviate any unknown costs and allow you to make informed choices concerning your dental treatment. Please feel free to ask any questions as they arise.

**FOR PATIENTS WITHOUT DENTAL INSURANCE:**

Our office will make every effort to notify you of the charges to be incurred prior to the treatment. Please be prepared to pay your bill at the time of service. We do offer a 5% discount when visit is paid in full.

**FOR PATIENTS WITH DENTAL INSURANCE:**

Our office will provide an estimate of charges and what your insurance carrier should pay. (This is only an estimate) Please be prepared to pay your percentage of the bill when service is rendered. Any remaining balance after insurance payment will be billed to you. Any overpayments will be promptly refunded.

**FOR DENTAL TREATMENT REQUIRING LAB WORK:**

Fifty percent of the treatment cost will be required at the initial visit, and the balance is due when the restoration is seated. For patient's without insurance a 5% cash discount is available if you choose to pay 100% of the treatment cost at the initial preparation visit.

Patients are ultimately responsible for paying their dental bill, whether your insurance company pays or not. Any unpaid balances will be turned over to a collection agency after 120 days. Patients who have had their accounts turned over to a collection agency will be asked to seek dental care at another office.

Patients not able to pay at the time of service can ask for a consultation with Randa.

I have read and understand the above financial policy.

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Patient signature

Date