

Michael Uss, D.D.S.

1024 Main Street
Onalaska, WI 54650
608 783-6421

Financial Policy

Thank you for choosing Michael Uss, D.D.S., as your Dental Care Provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we request you read and sign prior to any treatment. All patients must complete our Information forms before seeing the Doctor.

- A. For Cash patients – We expect payment in full upon completion of each day's treatment. We will take Cash, Check, Money Orders and most major Credit Cards.
- B. For Insurance Patients – 1. HMO/PPO subscribers. We will be happy to take your information and file your claim. If you are going to owe a balance and/or a deductible, we will need payment within five (5) working days of billing after Insurance Payment. 2. Regular Insurance subscribers. We will happily file your claim but we expect you to pay your deductible and any percentage not payable by your Insurance. All balances are due in full when billed after Insurance payment.
- C. All accounts with balances past 90 days will be sent to collection, unless an agreement is made with this office previously. We are not able to take payments on Account balances, we would take a credit card or a debit card and put 2 monthly payments on them, on the 15th of the month. Your contract is with your Insurance Company, and you alone are responsible for your bills, regardless of Insurance payments. Our filing your claim is a courtesy of this office. All Accounts with balances past 30 days will be charged Finance charges at the rate of 1/5% per month, or 18% per annum.
- D. Our practice is committed to providing the best treatment for our patients and we charge what we feel is fair for our area. You are responsible for payment regardless of any Insurance Company's arbitrary determination of usual and customary.
- E. All minor children must be accompanied by an adult, or someone able to authorize medical treatment, should that be required. No minor will be treated without an accompanying adult. All emergency treatment will be referred to an emergency facility.
- F. Unless cancelled at least 24 hours in advance, our policy is to charge for a second missed appointment at the rate of a normal office visit. Please help us serve you better by keeping your scheduled appointments.

Signature _____

Date _____