brookings dental clinic
Quality Care

Financial Policy

Thank you for choosing Brookings Dental Clinic for your dental care. We are committed to providing high-quality treatment and transparent financial expectations. Please review our financial policy below.

Payment is due at the time services are rendered.

Insurance Patients

If you have dental insurance, we are happy to assist in estimating your patient portion. Please note:

- We will provide an estimate of your insurance coverage based on the information available to us.
- **The estimated patient portion is due at the time of service.**
- Insurance is a contract between you and your insurance company; you are ultimately responsible for all charges regardless of coverage.
- Any remaining balance after insurance processes your claim will be your responsibility and is due upon billing.

Patients Without Insurance

For patients without dental insurance, full payment is due at the time of service.

We accept the following forms of payment:

- Cash
- Check
- Visa
- MasterCard
- Discover
- CareCredit

If you have questions about your account, treatment costs, or payment options, please feel free to speak with our team. We are happy to assist you in understanding your financial responsibilities.

If you do not pay the entire balance within 25 days of the monthly billing date, a SERVICE CHARGE will be added to your account for the current monthly billing period. The service charge will be a periodic rate of 1.5% per month which is an annual percentage rate of 18% applied to the last month's balance. In the case of default of payment, you promise to pay any legal interest on the balance due, as well as any collection costs and any attorney fees incurred.

By signing below, you acknowledge that you have read, understand, and agree to this financial policy. You accept full responsibility for payment of all services provided, regardless of insurance coverage or benefit determinations.

Signature_____ **Date**_____