



# Roosevelt Dental Center Financial Policy

6417 Roosevelt Way NE, Suite 206 Seattle, WA 98115. 206-524-6100

We appreciate the opportunity to serve you. It is our intent to provide you with the finest care possible while ensuring that you fully understand our procedures, treatment and payment expectations.

## METHODS OF PAYMENT

We accept cash, checks, Visa and Mastercard. A 5% discount will be given to patients who pay in full with cash or check at the time of service. We also offer an additional 5% discount to those 62 years of age or older when paying in full with cash or check at the time of service.

## INSURANCE

Insurance plans and benefits vary. Very few policies pay 100% of all procedures. We will be asking for payment of the portion not covered by insurance at the time of your appointment. As a courtesy, we will bill your insurance company for you. It is important that you provide us with all the proper billing information. Even though your insurance claim is pending, you will continue to receive our statement the first of each month until the account is paid in full.

**PLEASE NOTE: To avoid confusion, it should be understood that insurance billing is an elective service provided to our patients. Difficulty obtaining insurance payments may occur and insurance payments CANNOT be guaranteed. The patient is solely and ultimately responsible for payments.**

## NO INSURANCE

If you do not have insurance, then the full treatment fee is due at the time of service.

## ESTIMATES

Patients will be given an estimate of treatment costs after the initial visit. We would like to emphasize that these are "estimates." Should additional unforeseen problems arise as treatment progresses, this estimate may need to be revised.

Please feel free to discuss any questions you may have with our staff.  
Thank you for choosing Roosevelt Dental Center.

**We reserve the right to charge for appointments canceled or broken without 24 hours advance notice.**

I understand the above, and agree to the terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_