

# **Tim K. Gossweiler, DDS**

14904 Greyhound Court

Carmel, IN 46032

## **FINANCIAL POLICY**

### **IF YOU HAVE INSURANCE YOU HAVE TWO OPTIONS**

1. If your co-payment is not known to us, a payment amounting to 30 percent of the total bill is to be paid at the time services are rendered. If the insurance company pays more than 70 percent of the total, the difference will be refunded to you or credited to your account.

2. If your co-payment is known to us, you will be responsible for this amount at the time dental treatment is started. We will send the proper forms to your insurance company for the remaining portion.

If your insurance has not paid the FULL BALANCE within 60 days from the date of service, you will have 10 days to pay the balance. Late payment charges are added to unpaid accounts. If your insurance pays more than your account balance, we will send you a refund.

**INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY.** We are not usually a party to this contract. However, we will inform you if your contract is one we accept and we will handle your claims according to our agreement. We will file claims as a courtesy to our patients, but please remember, **YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT.**

Pre-approval – This is an option that every patient has to lower their own risk that their insurance company might not pay. If you would like to see what your insurance will pay before you have any procedure done, you may seek pre-approval.

### **IF YOU DO NOT HAVE INSURANCE YOU HAVE TWO OPTIONS**

1. One half of the total amount is due the day treatment is started. The balance is due when the work is completed.

2. Arrangements are made through a credit institution.

**RETURNED CHECKS**

**THERE IS A \$20 CHARGE ON ALL RETURNED CHECKS.**

I also understand that after my account has aged 30 days from the time my first statement was sent, a \$5.00 billing fee will be added to my account each time a statement is sent for any unpaid portion of my bill.

Unless prior financial arrangements have been made, all account aged 70 days beyond the date the first statement was sent will be turned over to a collection agency. In the event your account is turned over for collection, you will be responsible for the costs of collection which includes, but is not limited to the collection agency's fees, reasonable attorney's fees and prejudgment interest on the outstanding balance.

In addition, each party agrees that in the event suit is filed, Hamilton County, Indiana shall be the proper place of jurisdiction and venue. Further, each party waives trial by jury.

I will be paying for my work with:

\_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Credit card

I have read and understand the above and hereby consent to treatment and agree to the financial policy.

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Date