

Roger M. Mueller, D.M.D.

**3716 Pontoon Road
Granite City, IL 62040
618-931-5200**

Financial Policy

Thank you for choosing our office to meet your dental needs. We realize that each person's financial situation is different and we are committed to your successful dental treatment. However, please understand that payment of your bill is considered a part of your "dental" treatment.

Payment Options:

Payment is due at the time of treatment. We offer a variety of payment options so you can continue to enjoy a healthy and comfortable smile. These options include:

- Cash, Checks, Debit and Credit Cards (Discover, Mastercard and Visa)
- Insurance, difference is due by you on the day of service
- No insurance, full payment is due at the time of service
- CareCredit – Applying for CareCredit only takes a few minutes and there is no fee to apply.

Regarding Insurance:

We may accept assignment of your insurance benefits however, we do require that your portion of the bill be paid at the time of service. The balance is your responsibility, whether your insurance company pays or not. We cannot bill your insurance company unless you give us your complete insurance information. We are not an "**In-Network**" provider for any insurance. Please be certain you can go to an "Out of Network Provider." You will be responsible for what portion your insurance does not cover. If your insurance company has not paid your account in full within 45 days, the balance will be automatically transferred to your account for full payment. All co-payments and deductibles are due at time of service.

Minor Patients:

The adult accompanying a minor is responsible for full payment at the time of service.

Missed Appointments:

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of the scheduled appointment. Please help us serve you better by keeping scheduled appointments.

I have read the Financial Policy. I understand and agree to this Financial Policy. Please indicate below the form of payment you choose to settle your account. (check one)

Cash or Check

Major Credit Card

CareCredit (subject to credit approval) If credit application is declined, another form of payment listed above is required.

X _____ **Date** _____