

KATHLEEN S. ROTH, DDS, P.L.L.C.

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Missoula, MT 59803
(406) 728-2745

GREETINGS TO OUR NEW PATIENTS AND FRIENDS!!!!

Our dental team welcomes you and is happy you have given us the opportunity to care for your dental needs. We offer complete oral health care for all ages and are committed to the best possible treatment for you at affordable costs. It is our intention to provide you with the finest care possible while insuring you understand your treatment and payment options.

FINANCIAL POLICY

We request that payment in full be made at the time of service. Our payment options include the following:

- ✓ Cash
- ✓ Personal Check
- ✓ MasterCard or Visa

If payment in full is not possible at the time of service we ask that you make special arrangements with our account manager prior to any appointments. We do expect the balance to be cleared before additional treatment is scheduled.

REGARDING INSURANCE

If you have dental insurance, we will request payment for 30% of the charges for restorative work (fillings) and will subsequently help bill your insurance for you. We request 50% for major dental (IE: crowns, bridges, prosthetics, appliances etc.) **Your insurance policy is a contract between you and your insurance company. The balance is your responsibility whether your insurance company provides reimbursement or not.** Please remember it is your responsibility to collect from your insurance company. We will assist you in the process by submitting your forms and additional medical information.

We do realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions regarding the above information or uncertainty regarding your insurance coverage, please do not hesitate to ask. We are here to help you.

Signature _____	Date _____
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