

# Emergency Dental Care USA

1700 W Highway 36 | ROSEVILLE MN, 55113 | (651) 778-9911

## Financial Policy

Thank you for choosing Emergency Dental Care USA. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### **Payment Options:**

You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover Card
- Convenient Monthly Payment Plans<sup>1</sup> from CareCredit
- In-house payment plans using a valid checking account via ACH<sup>3</sup>

Please note:

Emergency Dental Care USA requires payment prior to the beginning of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment<sup>2</sup>. We request that patients provide a valid credit card authorization for charges not covered by insurance.

A fee of \$50 is charged for patients who miss or cancel more than 1 time in a calendar year without 24-hour notice.

Emergency Dental Care USA charges \$30 for returned checks<sup>4</sup>.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want and need.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

<sup>1</sup>Subject to credit approval

<sup>2</sup>However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

<sup>3</sup>Subject to account verification and approval via our check conversion service.

<sup>4</sup>Returned checks may be resubmitted via ACH