

Nordstrom Family Dental
Hans P. Nordstrom DDS
nordstromdental@mtaonline.net

Wee Care Pediatric Dentistry
Kelly Maixner DMD
kellymaixner@gmail.com

1001 E USA Circle Suite B
Wasilla, AK 99654
(907) 357-6800 Main
(907) 357-6878 Fax
1001 E USA Circle Suite B
Wasilla, AK 99654
(907) 373-6000 Main
(907) 357-6878 Fax

“Putting Your Dental Needs First With a Gentle Touch.”

Thank you for choosing us for your dental needs. We look forward to developing a lasting relationship with you and your family as your dental provider. Please do not hesitate to discuss any questions, compliments or thoughts with any one of our team members. We are eager to educate and aid you in achieving complete dental health.

Please take this opportunity to review the following business details:

Broken Visits

Your visit for dental care is a time we reserved for you. We cannot stress enough how critical it is that we receive a minimum of 24 hours notice if you must make a change to your dental visit. We understand that life happens and some circumstances are out of your control; however if we do not receive sufficient notice, your visit could be considered broken. **A broken visit is recorded in your permanent record and could result in a charge for the lost time or dismissal.**

Insurance Billing

As a *courtesy to our patients*, we attempt to obtain insurance eligibility and a general breakdown of your plan benefits by using the insurance information you provide to us. This information is used to *estimate* the coverage and co-pay for your dental treatment; however the information provided does not guarantee your claims will be paid. All benefit plans, regardless of coverage levels and participating provider status, have exclusions, limitations and fee schedules that apply. *It is not uncommon for a balance to remain* after all payments and adjustments have been applied. Most claims are billed electronically and providing the plan information provided was correct, payment is usually received in a reasonable amount of time. **However, if a claim remains outstanding more than 60 days, you could be billed for the entire amount.**

Payment Options

As with any service received, payment is expected upon completion of your visit. We accept Visa, Master Card, Debit, and offer a discount for treatment that is paid in full. It is our practice to provide you an estimated treatment plan including your cost prior to your next visit. **We do offer minimal in-house payment options that are not to exceed 90 days or extended no-interest financing with Alaska USA Federal Credit Union.**

Please read the statement below and sign acknowledging you have read and understand the contents of this letter. We thank you for taking the time to read these important details.

- *I understand the financial responsibility and obligation for services rendered rests upon me as the patient or responsible party; regardless of my insurance benefit plan or financial arrangements.*
 - *In the event a third party should become involved to collect any unpaid balance for dental services to me or my family, I/we agree to pay all additional collection agency fees such as interest and court fees incurred during the process in addition to the principal balance.*
 - *I hereby authorize the release of any dental or financial information necessary to process claims for services rendered.*
- (PLEASE SIGN BELOW)**

Signature is Required (Responsible Party)

Date

September 1, 2010