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# My Dentist

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(208) 529-3836

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## Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require that you read, agree to, and sign prior to any treatment.

If you have insurance, we will bill them for you, but deductibles and patient co-payments are due at the time of service. Your insurance may pay more or less than we expect and you will be responsible for any remaining balance.

In accordance with the federal Truth-In-Lending Act which requires all doctors to give their patients information in connection with extension of credit, please be advised of the following policies which apply to this office. The responsible party agrees to:

1. Pay doctor at time treatment or service is received or by previous agreements.
2. That if payments are extended beyond 90 days from the date of first billing to pay 2% per month on the unpaid balance (annual rate of 24%) with a minimum charge of one dollar per month.

You agree to pay cost and /or reasonable attorney's fees if any delinquent balance is placed with an agency of attorney for collection of suits.

Any claim or controversy between the patient and/or a legally authorized representative of the patient and dentist concerning the care and treatment of the quality of dental services rendered by the dentist to the patient shall be resolved by mediation or arbitration according to the rules of WESTERN MEDIATION, should any dispute arise regarding the quality of dental services rendered. A claim or controversy shall first be submitted to non-binding mediation. If the claim or controversy is not resolved to the satisfaction of both parties through the mediation process, it will be submitted to binding arbitration. Judgement(s) on the decisions achieved through mediation or rendered by the arbitrator(s) can be entered in any court having jurisdiction thereof. Costs for mediation and/or arbitration services shall be shared equally by the parties involved. The foregoing mediation/arbitration agreement does not pertain to actions taken for the collection of debts as a result of dental services rendered.

If it becomes necessary to collect an account by legal action, the responsible party will need to pay ALL fees involved. Our office will charge an additional fee equal to 10%-30% of the account balance at the time the account is turned over for collections.

We would appreciate 24 hours notice for the cancellation of an appointment except in an emergency situation. After two missed appointments without 24 hours notice you will be charged a \$25.00 missed appointment fee.

In case of divorce, the doctor is not party to the divorce settlement. If your ex-spouse is obligated to pay for the child's care, that is up to you to enforce, not the doctor. The custodial parent is the one who usually contracts for the dental services by presenting the child for care, therefore, he/she will receive the bill and will need to seek reimbursement from the ex-spouse.

Thank you for trusting us with your care. Please feel free to contact our office with any questions you may have regarding payment options or financial responsibilities.

I have read, understand, and agree to the provisions of this Financial Policy.

Signed \_\_\_\_\_

Date \_\_\_\_\_