

Joseph P. Barta, D.D.S.
5910 39th Avenue
Kenosha, WI. 53144

Patient Financial Policy

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.

For your convenience we accept cash, personal checks, Visa, Master Card, American Express and Discover. We offer Care Credit as well.

Dental Insurance:

Please remember you are fully responsible for all fees charged by our office regardless of your insurance coverage. **This includes non-covered services, deductibles and co-insurance amounts.**

We will be happy to file dental insurance claims for you. In order to do so, you must present your insurance card information to us at time of registration. Covered benefits vary between different plans. **It is your responsibility to understand the limitation and exclusions of your policy. If you have any questions regarding your coverage, you will need to contact your insurance company.**

Patient Balances:

In addition to billing your insurance company, we will send you a statement with your balance due. Any balance must be paid within 90 days of receipt of statement. Any Balance not paid within 90 days will be charged 1% interest per month and once this starts, we will no longer see you in the office until the balance is paid in full.

If you do not have dental insurance, **Payment In Full, is due at the time of services.** If you are paying by cash or check we will give you a 5% discount..

Please acknowledge that you have read and understand the above Patient Financial Policy

Patient Name: _____

Signature: _____ **Date:** _____
(Parent /Guardian signature if a minor)

Revised 10/2018