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Phone: (612) 822-2324

DENTAL HEALTH INVESTMENT POLICY

Thank you for choosing our team of dental professionals to serve your dental needs. Our team is committed to providing you with the highest quality of care, in the safest environment. We appreciate the confidence you have placed in us. We will do everything possible to continue to warrant your confidence as we serve your dental needs.

An estimate of your treatment costs will be disclosed to you prior to scheduling any treatment to provide you an opportunity to openly discuss your treatment and payment options. Once your treatment has started, there is always a possibility there may be additional treatment necessary.

I understand Tangletown Dental will submit claims to my insurance company as a service to me. I also understand Tangletown Dental is not able to guarantee my insurance eligibility and /or coverage, and they will do their best to assist me in estimating my coverage and expenses. I understand I am to be responsible for knowing the specifics of my insurance coverage. My dental health is important to me and I understand there may be times when my dental needs exceed the limitations of my insurance plan.

Regardless of insurance coverage, financial arrangements between our patients and our office will ultimately be the patient's responsibility.

I understand that my balance, over 90 days, will be subject to a .67% per month (8% per annum) finance charge, and that insurance estimates are estimates only. I also understand that I am responsible for any balance not paid by insurance. I further understand that fee estimates are valid for 90 days from the date issued and may be altered if my needs change. In the event this account becomes past due and is referred to an outside collection agency or attorney, I will be responsible for the collection costs (up to 33% of the balance due), along with reasonable attorney fees and court costs incurred by this office whether suit is filed or not.

I have read and understand the financial policy for Tangletown Dental.

Signed: _____ Date: _____