



David Currie D.D.S
1900 River Drive North
Great Falls, MT 59401
(406)452-6894

Insurance Information and Financial Policy

Thank you for choosing Rivers Edge Dental for your dental care. We realize the cost of dental care is a concern for patients, therefore we offer the following information to help you understand our financial policy and aid you in planning for treatment and subsequent payment. We have found that a clear understanding of our financial policy, in advance of dental care, helps to relieve some of the anxiety associated with a dental visit.

Please be advised that Dr. David Currie is in network with HMK (Chip program) only. If you have any dental insurance, we will gladly assist with claim submission. Kindly provide accurate and complete dental insurance information to our front desk.

Your dental insurance policy is a contract between you and your insurance company. As a courtesy, we will file your claim; however, we will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to issues regarding deductibles, co-payment, non-covered charges, usual and customary charges and issues regarding the frequency of periodontal care.

We cannot guarantee insurance payment and we are not responsible for providing you with the plans limitations, exclusions, and provisions determined. We will estimate your balance due. Payment is expected at the time of service.

For your convenience, we accept cash, checks, debit and credit cards. (Visa, Discover & Master Card). If you have No insurance we offer a 6% cash discount on all procedures, (Cash or Cashier's check from the bank, No credit, debit cards or personal checks.) Payment in full is due upon receipt or an interest charge of 18% per annum will be assessed on account not paid within 30 days of statement date.

Missed or Canceled Appointments: We request that you notify our office at least 24 hours in advance if you are unable to keep your appointment. If you or a member of your family misses 3 appointments, you may be dismissed from our practice. We do understand that occasional situations may arise however there may be a \$50.00 charge.

We continually strive to keep the cost of dental care as possible and consistent with the highest standards of quality and so we thank you for our consideration to our financial policy.

Signature: _____

Date: _____