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**Financial Requirements
&
Insurance Claim Filing**

Financial Arrangements

Payment is expected in full at the time of service unless a financial/budget payment plan has been agreed upon in advance of treatment. We do accept all major credit cards, cash or a personal check. If an extensive treatment plan is presented for your dental needs, a financial consultation is necessary prior to treatment. If special arrangements are needed, please request a consultation with the financial /office manager prior to the onset of treatment.

I, the undersigned, have read and understand the above information and certify that I am the patient or duly authorized representative of the patient, authorized to furnish the information requested. I understand that even if I have dental insurance coverage, I am responsible for payment of the treatment provided. I also authorize the release of any dental information necessary to process the insurance claim.

SIGNATURE: _____ Date: _____

INSURANCE INFORMATION

Primary Insured

Secondary Insured

Name: _____
Last First MI
Date of Birth: _____

Name: _____
Last First MI
Date of Birth: _____

Street City State/Zip

Street City State/Zip

Home # Work #

Home # Work #

Employer: _____

Employer: _____

Dental Insurance Company: _____

Dental Insurance Company: _____

Company Name

Company Name

Subscriber # SS # Group #

Subscriber # SS # Group #

We will file your insurance claim for you as a courtesy. However, the ultimate responsibility for the balance due on your account is yours. We file our insurance claims electronically and the usual turn-around time on a claim averages 4 to 6 weeks. The estimated un-insured, co-pay portion or any deductible not covered by your insurance is to be paid on the date of service. In some instances, the patient is paid direct by their insurance company. If your insurance pays you directly, we will file your claim for you but payment in full will be required on the date of service. If secondary insurance is carried, we will file the secondary claim once payment is received from the primary insurance. E O B (Explanation of Benefits) copies are required to submit the secondary claim. If payment is made to you directly and a secondary insurance is involved, you will need to supply the office with a copy of the EOB so that the secondary insurance can be submitted for you.