



## Three Ways to Request a Refund

- Contact your Precision Dental MKE office 414-764-5770
- Email a refund request to: [info@precisiondentalmke.com](mailto:info@precisiondentalmke.com), or
- Mail a refund request to:  
Precision Dental MKE  
Attn: Refund Processing  
6203 S. Howell Ave., Milwaukee, WI 53207

## 4. Dental Insurance

If you have dental insurance, your insurance claim will be processed as follows:

- In Network: If your dentist is a participating provider in your insurance network, you will be billed according to the terms of your dentist's agreement with your insurer.
- Out of Network: Please check with your insurance company to confirm you have "out of network" benefits. This may affect how the office gets reimbursement for services. Confirming "out of network" benefits is your responsibility. All fees not covered by insurance are the patient's responsibility, and are due at time of service.

Insurance Discounts: Insurance companies often negotiate discounts for services provided to their plan members. If you exceed your annual benefit limit the insurer's discounted rate may apply to additional services as a benefit to you.

## 5. Third-Party Financing

Your Precision Dental MKE practice accepts payment from non-affiliated, third party finance companies. Credit decisions are the responsibility of these third-party finance companies. You may choose to pay all or a portion of your treatment using approved third-party financing products.

## 6. Patient Satisfaction Inquiries

If you have an issue that cannot be resolved by your office team, please contact us at 414-764-5770 or [info@precisiondentalmke.com](mailto:info@precisiondentalmke.com).

## 7. Patient Communication

We'd like to keep in touch regarding your upcoming appointments, treatment plan, and treatment status. By providing your email address, phone number, and mailing address, you are giving Precision Dental MKE permission to contact you through one or all of these communication methods. Note that email and text messaging is not secure and there is a risk that they could be read by a third party. By sharing your email or mobile number with us you are acknowledging that you are aware of this risk and agree to receive this type of communication. Precision Dental MKE will limit the type of information in the messages. To opt out of communications, call 414-764-5770.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Precision Dental MKE practice is committed to providing exceptional service and treatment that addresses, both your short and long-term needs. We make it easier for you to get the care you need at affordable prices—no hidden fees, no surprises.

## 1. A Clear, Written Estimate on your Cost of Treatment

Your dentist will provide you with a comprehensive treatment plan based on your overall health. You'll also receive a clear, detailed estimate of the cost of your plan, including your estimated insurance benefits. If you have questions regarding your insurance coverage, please contact your insurance company.

## 2. Payment Policy

Full payment of what you owe (called the Patient Financial Responsibility amount, as noted in your Treatment Acceptance and Payment Arrangement Form), is due when services are rendered. We accept cash, personal checks, Visa®, Master Card®, American Express®, Discover®, assigned insurance benefits, and select third-party financing programs such as CareCredit.

## 3. Refund Policy

Note: Crown and bridge patients are responsible for the full cost of their treatment plan once preparation of your teeth has begun. Invisalign patients are responsible for the full cost of all laboratory costs and scan fees once fabrication of your aligners has begun.

Your refund request will be handled as follows:

- Original Form of Payment: Refunds will be applied to the original form of payment, with the exception of cash payments, which will be refunded by check.
- 60 Days of Inactivity: Credit balances on accounts after 60 days of inactivity will be automatically refunded to the original form of payment, with the exception of cash/check payments, which will be notified by letter.
- Partial Denture Patients – 180 Days of Inactivity: Credit balances existing on accounts after 180 days of inactivity will be automatically refunded to the original form of payment, except cash payments, which will be refunded by check.
- Credit balances on accounts after 45 days of last deposit with no future appointment will be automatically refunded to the original form of payment, with the exception of cash/check payments, which will be notified by letter. Credit balances on accounts of denture patients after 45 days of inactivity will be automatically refunded to the original form of payment, except cash/check payments, which will be notified by letter.

### Timing of Refunds

**Cash/Check:** After receiving your refund request, we will confirm that your payment has cleared the bank (which may take up to 15 business days). Once cleared, you will be issued a refund check within 10 business days.

**Credit Card/Third-Party Financing:** Refunds will be issued to the form of payment within 3 business days after receipt of your refund request. Refunds for credit card payments may take up to seven (7) business days.