

*Welcome to the practice!*

*Appointment Date:* \_\_\_\_\_

**Downtown Dental Services**  
623 Quincy Street STE 103  
Rapid City, SD 57701  
605-342-4882  
605-342-4848 Fax  
Email: [drkrump@rushmore.com](mailto:drkrump@rushmore.com)

*Appointment Time:* \_\_\_\_\_

We hope you feel at ease and take comfort in the fact that we try very hard to provide quality dental care for our patients. One of the main goals of our practice is to provide the necessary information for you the patient to make good conscientious decisions regarding your care. That is why we try to provide not only an explanation of the type of care you may need, but also the approximate cost you will incur to complete any treatment you choose.

However, even with our best efforts there are often additions or other changes to the initial treatment plan which are hard or impossible to predict at the time of the first examination. If any changes to the initial treatment plan which are hard or impossible to predict at the time of the first examination. If any changes to your treatment plan occur, we try our best to provide you with this information in a timely manner so that you can plan and prepare accordingly.

One thing that has been very helpful in preventing any misunderstanding is an explanation of our payment/collection policy. The following is a brief description of the policy of our office:

Option #1: For those patients who **do not have** dental insurance, **payment is due in full**  
 **at the time of service.** We accept cash, check, Mastercard, Visa and Discover.

Option #2: For those patients **with** dental insurance, please provide our Patient  
 Coordinator with your current insurance information and we will gladly file your claim as a courtesy service. **The co-pay and any deductible are due at the time of service.**

We ask that you read your policy carefully to be sure that you are fully aware of any limitations in the benefits they provide for you including any predeterminations that need approval before any care can be provided.

Here again, please provide our Patient Coordinator with the information and we can file predeterminations per your request. Please remember your plan could vary from the benefit breakdown we have in our system and all current fees are based on an estimate at the time of service.

*\*Regarding any insurance policies where they send payment to you the patient (Blue Cross Blue Shield, Dakota Care etc.) you are expected to pay in full at the time of service.*

Option #3: For any emergency patients: payment in full is due at time of service either by cash or credit cards  
 only.

Option #4: Financing with Care Credit; prior approval is required through Care Credit before any services can be  
 provided.

**We reserve the right to charge for appointments cancelled or broken without 48 hours advance notice.** Please feel free to ask any questions. Our office and practice are built on education, communication, honesty, and sincerity. Thank you.

Sincerely,

Michael J. Krump, D.D.S.