

Maple Park Dental Care's Financial Policy

We consider it a privilege to serve your needs and we look forward to doing so. We are committed to providing you with the highest level of care and to building a successful provider-patient relationship with you and your family. We believe your understanding of our patients' financial responsibility is vital to that provider-patient relationship and our goal is to not only inform you of the provisional aspects of that financial policy but also to keep the lines of communication open regarding them.

PLEASE initial each item below indicating that you understand our policy.

Missed Appointments

_____ We require 48 hr. advance notice of cancellation or change of an appointment. This allows us to offer the appointment to another patient. If you fail to notify us within this time frame then a \$50 missed appointment fee will be assessed to your account.

_____ Repeated missed appointments without notification may cause you to be discharged from the practice.

What options do I have for my Dental Treatment?

_____ If you do not have insurance, proof of insurance, or participate in a plan that will not honor an assignment of insurance benefits, FULL payment for services will be due at the time of service unless payment arrangements have been approved in advance by our staff. Cash, personal check, Debit Card, VISA, MasterCard, and Discover are accepted in our office.

_____ If you have insurance, your patient portion will be required at the time of service.

_____ It is your responsibility to provide all the necessary insurance eligibility, identification, authorization and referral information and to notify our office of any information changes when they occur.

_____ We will, as a courtesy, bill your insurance and help you receive the maximum allowable benefit under your policy. Please remember that your insurance policy is a contract between you and your insurance carrier. We also expect patients to be interactive and responsible for communicating with your insurance carrier on any open claims.

_____ Third party financing with Care Credit is available for those who desire a payment plan.

_____ Your account becomes delinquent after 60 days, interest will incur if a balance remains unpaid after 60 days. Insurance has 30 days to pay. We offer you another 30 day grace period.

_____ A \$50 service fee will be charged for all returned (insufficient funds) checks.

_____ Maple Park Dental Care reserves the right to change any appointment time in order to maximize the overall operating efficiency of the office.

I have read and understand the above financial policy. I also agree, in addition to the amount owed, I will be responsible for the fee charged by the collection agency for costs of collections if such action becomes necessary.

Signature of Insured or Auth. Representative: _____ Date: _____