

FINANCIAL POLICY

Thank you for choosing our office to provide your dental care. We appreciate your trust and look forward to working with you. In order to prevent any misunderstanding and to better serve you, we ask that all patients read and sign our Financial Policy. If you have any questions, please ask.

- 1. VERIFYING INSURANCE:** As a courtesy to our patients, we will verify insurance for eligibility benefits prior to the first appointment as well as any time we are notified of a change in coverage. The insurance companies do not guarantee payment based on the information that they provide us. You are ultimately responsible for knowing if there are any waiting periods for work to be performed. Any amount on your treatment plan that is not covered by your insurance is your financial responsibility.
- 2. INSURANCE INFORMATION:** New Insurance, as well as changes in insurance, must be provided to our office prior to your appointment. Accepting assignment of benefit from your insurance company is the equivalent of extending you credit; therefore we must have your Social Security Number on file. If you chose not to provide us your Social Security Number, you will be responsible for payment in full at the time services are rendered.
- 3. CHANGES IN PERSONAL INFORMATION:** Changes in your address or telephone numbers should be provided to us immediately. If this office is unable to contact you by telephone or mail and your balance is overdue, your account will be sent to a collection agency.
- 4. REQUESTS FOR ADDITIONAL INFORMATION:** These must be responded to immediately. Such requests include proof of a college student's full-time status and proof of continued enrollment in an insurance plan. Failure to provide this information to the insurance company in a timely manner may result in the entire balance being your responsibility.
- 5. PAYMENT:** Payment is due at the time of service. Additionally, if you have a balance following an insurance payment from a previous visit, you will be expected to pay that amount as well. If payment is made directly to you for services billed by Memorial Park Dental, you agree to promptly remit payment to Memorial Park Dental
- 6. PAYMENT PLANS:** In addition to cash, checks, Visa, MasterCard, Discover and American Express, we offer several payment plans – please see our staff for details.
- 7. BALANCES:** If your account balance remains unpaid for 30 days, your account will be assessed a finance charge of 1.5% per month. If your account is turned over to a collections agency, a collection fee (currently 39% of the balance) will be added to your account balance. The collection agency will report any unpaid balance to the major credit bureaus. If, for any reason, the account is litigated, the patient is responsible for all attorney and court fees.
- 8. REFUNDS:** Overpayments will be refunded to the appropriate party, normally the insurance company or the guarantor. Patients' refunds will not be processed until all active or past due accounts and insurance claims have been paid in full.
- 9. RETURNED CHECKS:** There will be a \$30 fee for all returned checks. The amount of the check plus the fee must be paid within 10 days of notification by money order, cash, or credit card. Once a check has been returned, this office will no longer accept personal checks for payment.
- 10. CANCELLATIONS/FAILED APPOINTMENTS:** We request 2 business days if you are canceling an appointment. There will be a \$75 fee for cancellations made without 2 business days notice and for failed appointments ("no shows"). The \$75 will be posted to your account, and you will not be allowed to make any other appointments for yourself or your family members until it is paid in full.

Patient or Guardian Signature _____ Date _____

Printed Name of Patient or Guardian _____

Doctor Signature _____ Date _____