

Financial Policy for Maidstone Dental

THANK YOU for choosing us as your dental provider. We look forward to a long, rewarding relationship and are committed to your treatment being a success. Please understand, however, that payment of your bill is considered part of your treatment.

The following is a statement of our financial policy, which we require that you read and sign prior to any treatment:

All patients must complete our Office Health History and Financial Policy in their entirety before services are rendered.

Regarding Insurance

Although we accept most assignments of insurance benefits, you are responsible to pay any deductibles and percentage due at the time of service. The percentage quoted to you is just an ESTIMATE and not a guarantee of payment from your insurance company. In order for us to file claims on your behalf, you must supply us with all necessary insurance information. Please refer to your insurance manual from your insurance company for specific coverages. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your claim by 45 days, the balance will be due in full by you.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients. And for this we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance companies' arbitrary determination of usual and customary rates.

Adult/Minor Patients

Adult patients are responsible for payment in full or their deductible and percentage at the time of service. The adult accompanying a minor (parents or guardians) are responsible for full payments or the deductible and percentage at time of service. For unaccompanied minor, non-emergency treatment will be denied unless charges have been prepaid or the minor comes prepared with payment.

Amalgam Restorations

Our office strives to use only the best, most appropriate and up to date materials for restorations. Therefore, we no longer use amalgams (silver fillings) in our practice. In its place, we use only composite (white fillings). Your insurance company may only pay what they will have paid for an amalgam (silver filling). Therefore, you will be responsible for any balance.

Broken / No Show Appointments

Please allow us to serve you and our other patients, by keeping your scheduled appointments. Unless cancelled at least 24 hours in advance, we reserve the right to charge a fee of \$35. After two no show appointments, we would request that you find another dental provider to better suit your schedule.

I can read and write English and fully understand the terms of this agreement.

In case it becomes necessary to seek collection resources due to default or late payment, all reasonable attorney fees and other costs of collection will be added to the existing account balance.

Signature _____ Date _____