

MAIDSTONE DENTAL

FINANCIAL POLICY

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

The following is a statement of our financial policy. You are required to read and sign below prior to any treatment:

Regarding Insurance

Although we accept most assignments of insurance benefits, you are responsible to pay any deductible 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 coverage. 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 from 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 the deductible and percentage at the time of service. The adults accompanying a minor (parents or guardians) are responsible for full payments or the deductible and percentage at time of service. For unaccompanied minors, 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 composite (white) fillings. Your insurance company may elect to only pay what they will have paid for an amalgam (silver filling). Therefore, you will be responsible for any balance.

Broken or No-Show Appointments

Please allow us to serve you and other patients by keeping your scheduled appointments. Unless cancelled at least 24 hours in advance, we reserve the right to charge a fee of \$50. After two no-show appointments, we would request that you find another dental provider to better suit your schedule.

Collections

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.

PATIENT OR RESPONSIBLE PARTY SIGN BELOW:

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

Signature

Date