

## Written Financial Policy

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Thank you for choosing Mid-City Smiles Family Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

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Patient First Name:	
Patient Last Name:	
DOB:	
Payment Options:	
We accept most insurance plans and file ALL insurance for you.	
<ul> <li>Cash, Visa, Mastercard, American Express, Discover Card or Check (per approval) ¹</li> <li>○ We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to completion of care for treatment plans of \$500 or more.</li> </ul>	
<ul> <li>NO INTEREST 2 Payment Plans 3 from CareCredit</li> <li>Allows you to pay over time with NO INTEREST 2, no annual for</li> </ul>	ees, or pre-payment penalties

KLEER membership plan

Mid-City Smiles Family Dentistry requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

We make every effort to confirm the appointments made at this office. However, if we are unable to confirm an appointment, we reserve the right to cancel the appointment at any given time.

Payments and co-payments are due at the time of the service. Arrangements for extended payment plans must be made before any services are started. We require payment prior to the completion of your treatment. For patients undergoing orthodontic care, balance must be paid in full prior to the removal of the braces. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

## Disputes:

If credit card or CareCredit charges are disputed, but services were rendered, the patient will be responsible for the full amount and liable for collection services if needed. We reserve the right to no longer treat patients who have failed multiple appointments.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

A fee is charged for patients who miss or cancel more than 1 time in a calendar year without 24-hour notice. Fee is based on length of appointment.

A \$35 fee is charged for returned checks. If we cannot resolve the payment within 30 days, we reserve the right to turn the account over to the District Attorney's office for collection.

A \$50 fee will be added to the account if it has to be transferred over to a third party for collections.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.  A processing fee is applied to credit card purchases. No out-of-state checks. Check amount over \$200 is only accepted for established patients. We reserve the right to refuse any check. <sup>2</sup> If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required. 3 Subject to credit approval.	
(If patient is a minor parent's signature is needed)	
INSURANCE NOTICE	
Our patients are our first priority and we want to assure Smiles. We take the time to treat you in a caring, profestreat you; we revere that relationship; and help you to a THAT is a contract between us! Remember, insurance premium money. That is how they make profit. They take are excited to inform you that we have begun work and assure that the services provided in our office are and doctors. In the meantime, you may receive a letter network status as things get updated. Don't worry, WE FILING ALL CLAIMS FOR OUR PATIENTS!*	ssionally conscientious, and educational manner. We achieve the dental health goals that you agree to companies are in the business of keeping your ake in more money than they pay out.  ing with the insurance companies to renegotiate fees processed at the maximum benefit for our patients from your insurance company stating a change of
What does this mean for you?	
<ul> <li>We will continue to file your insurance claims and accept payr your responsibilities, although in many cases your total out-of-po</li> </ul>	· · · · · · · · · · · · · · · · · · ·
● You can DEFINITELY continue to receive your dental care at or	ur office!
● If you have any questions, we would love the opportunity to review your plan with you and make sure that you fully understand how this might or might not impact you. We are also available to discuss your specific treatment plan, if you are still in the middle of completing your outstanding treatment.	

• We appreciate your loyalty, and hope that this has only a positive impact on your dental care.

Signature:

(If patient is a minor parent's signature is needed)