myHealthDentistry

FINANCIAL & APPOINTMENT CONSENT FORM

Welcome to our practice!

We look forward to providing you with exceptional dental care. To provide you with the most beneficial and comprehensive service, we do ask that you review and complete our office and financial policy form.

Dental Insurance:
As a complimentary service, we will file claims with your primary dental insurance company. If you have insurance, please be prepared to pay your portion of the total treatment fee on the day of service. Please understand that insurance policies vary greatly, therefore, we can only ESTIMATE your out-of-pocket expense for any treatment planned by the doctor. However, please understand that these are strictly estimates and are not a guarantee that your insurance company will reimburse us/you according for these estimates. You are fully responsible for verifying benefits of your policy. We will allow them 45 days to render payment. After 60 days, you are responsible for the remaining balance in full. ***Remember, your dental insurance is a contract between you, your employer and the insurance company***. We are not a party to that contact. For questions regarding your individual plan and benefits please contact your insurance company or human resources representative. If you have any further questions, please do not hesitate to ask us. We are here to help you to the best of our ability.

Payment, Co-pays & Deductibles:
Payment for co-pays and/or deductibles is due at the time services are provided. Payment may be paid by cash and all major credit cards. We also offer third party financing through Care Credit. This allows you to make monthly payments for your treatment. Care Credit offers a variety of financial options including interest free plans (for those who qualify).

Account Balances & Charges:
If a balance remains on the account after 90 days, the account will be sent to a collection agency and additional collection fees will be applied to any unpaid balance. Any attorney or collections fees incurred due to delinquency in payment will also be charged to the patient. If financial problems occur, we ask that you contact us promptly for assistance in the management of your account.

Cancellations & Broken Appointments:
In an effort to keep dental costs down while maintaining a high level of professional care, we respectfully request a 24-hour cancellation notice. Your scheduled time has been saved only for you and the doctor or hygienist. Due to staff overhead that occurs in broken appointment slots, a cancellation fee of $50 is charged if a 24-hour notice is not given. We appreciate your efforts to keep scheduled appointments.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR ALL CHARGES INCURRED FROM SERVICES RENDERED BY MYHEALTH DENTISTRY.

Patient's Signature: _____ Date: _____