

## **Financial Policy for Mint To Be Family Dentistry**

Thank you for choosing our office as part of your health care team. In our effort to provide personalized care in the most efficient and economical manner possible, we are providing to all of our patients this copy of our Financial Policy. We ask that you take a few moments to read this document.

- Your insurance policy is a contract that exists between you and your chosen insurance company. Our relationship is with you, the patient, and not the insurance company. If you have question about your policy, please call the phone number provided on the back of your insurance card.
- New insurance companies are continually forming, and existing insurance companies are rapidly changing. It is your responsibility to know the specifics of your policy (out of pocket maximums, in and out of network policies, etc.) Most dental insurance policies have out of network coverage that may be equal to or greater than in network coverage. Recommendations made by our office are deemed medically and dentally necessary, this does not guarantee your insurance company will cover the cost of treatment. Payment is expected at the time of service. Most policies have deductibles, copayments, coinsurances, maximums, and limitations (out of pocket expenses). Payment is expected at the time of service, if a payment is not collected in full it will be applied to your account and a statement will be sent reflecting any monies owed.
- We rely on you to inform us of all insurances in effect, and to notify the office immediately of any changes with your insurance. If you do not inform us of changes, you will be responsible for the services rendered. Our business managers will submit to insurance at no additional cost on your behalf. When multiple policies exist, it is the patient's responsibility to inform us of which policy is the primary plan. If we are not provided ALL insurance information at the time of service or before, you will be responsible for paying Mint To Be Family Dentistry directly and then submitting for reimbursement from your insurance company.

### **Appointment Charges**

- All charges are the responsibility of the patient. We will submit to your insurance company on your behalf at no additional charge, but any services not covered are the patient's responsibility. If you have no insurance, you are responsible for all of the services rendered at the time of service. Co-pays will be collected at the time of appointment (as required by insurance companies). For new patients, we will make every attempt to contact your insurance company to determine your office copayment, if any. Existing patients should notify us of any changes related to copayment amount right away.
- Costs can vary, depending on the type of insurance coverage you have and the treatment for your particular condition(s). Cost/payment by your insurance company cannot be

guaranteed by our staff. If you have any concerns, we advise you to contact your insurance company.

- If you miss an appointment or cancel an appointment less than 24 hours before the appointment time (per business day as our office is not always open on the weekends), you may be assessed a \$50 fee, as we have reserved that time slot just for you. Missed appointment fees are the responsibility of the patient.
- A \$25 fee will be assessed on all returned checks.
- Balances/Collection Fees: Past due accounts, more than 90 days, will be turned over to our attorney and collection agency.

### **Document Fees**

- Many patient requests are received for the completion of documents for their place of employment, Workers Compensation, outside facilities and several others. A \$25 fee will be assessed for each document. All efforts will be made to complete these forms, but a 10-day completed time will be followed.

By signing this document, I acknowledge receipt of Mint To Be Family Dentistry's Financial Policies and acknowledge my financial responsibilities, and consent to the above statements.

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Patient Signature

Date