



## **Financial Policy**

Our primary goal is to not allow the cost of treatment to prevent you from benefiting from the quality care you need or desire. In our office, we strive to maximize your insurance benefits and make any remaining balance easily affordable.

Our fees are based on the quality materials we use, and the time, effort and skill required in performing your needed treatment. We charge what is the usual and customary price for our area. We will assist you with your benefit eligibility before treatment to help you calculate your costs and maximize your insurance. Ultimately, however, you are responsible for payment, regardless of any insurance companies' arbitrary determination of usual and customary rates.

We are happy to submit the claims necessary to see that you receive the full benefits of your coverage; however, we cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, we ask that all patients be directly responsible for all charges. We do ask that your estimated portion of insurance is collected the day of service.

Payment for services is due at the time services are rendered, unless prior arrangements have been made. We accept the following forms of payment: Cash, check, Visa, Discover, MasterCard, American Express and CareCredit. Checks that are returned to our office from your financial institution are subject to a \$25.00 returned-check fee. This fee covers the processing fees that are charged to our office.

We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account balance.

**I have read and agree to the Financial Policy of Mills River Family Dental.**

Signature of Patient or Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_