



Financial Policy Consent Form

We welcome you and your family to MVP Dental. We look forward to providing you with top-notch quality dental care at affordable prices. To provide you with the most beneficial and comprehensive service and care, we request you to review and complete our office and financial policy consent form. We will be happy to answer any questions you may have regarding the proposed treatment and available financial options. We strive to keep you informed and involved with your treatment as much as possible.

Patients with Insurance need to be aware that:

- We will always do our best to help you to maximize your benefits.
- Although we file claims for you as a courtesy, your dental insurance policy is a contract between you, your employer and your insurance company. We are not a party to that contract.
- Your treatment plan is individually tailored, and is not based on your dental insurance benefits or lack of Benefits.
- Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover. It is your responsibility to thoroughly understand the coverage and exceptions of your particular policy. Coverage issues can only be addressed by your employer or group plan administrator. We cannot act as a mediator with the carrier or your employer.
- Our staff is trained to help you with questions you may have relating to how your claim was filed, or regarding any additional information your carrier may need to process your claim. Please, ask if you have any questions.
- As a courtesy to all of our insured patients, we will file your dental insurance claim forms. In special circumstances, a particular insurance company's benefit check can be sent to our office directly. In such cases, you are responsible at the time of treatment for payment to us of any applicable deductible and for your co-insurance portion. Any payments made directly to you by your insurance company on unpaid balances should be forwarded immediately to our office so that your account may be credited accordingly.
- Your claim will be filed immediately, and benefits are expected are to be paid within 30-45 days. The filing of an insurance claim does not relieve you of timely payment on your account. If the claim is not cleared by your carrier in 60 days, the unpaid portion will automatically become "self-pay" and a statement will be issued to you for the unpaid portion. You are responsible for any amounts your insurance company chooses not to pay for whatever reason.

Please feel free to contact your insurance company regarding unpaid benefits. We will gladly provide you with a letter which would include all pertinent information which you may sign and mail. I understand and accept the financial and the dental insurance policies listed above and have had any and all questions answered to my satisfaction. I agree to pay for all treatment in a timely fashion as described.

Patients without insurance coverage need to be aware that:

- We provide treatment estimates of fees, and payment is expected at each visit for services rendered.
- We accept cash, personal checks, and credit cards. If a check is used it must be the patient's account and be signed by the patient. Third party checks are not accepted.
- If a check is returned there will be a \$75 charge applied to your account. Non-payment checks not reconciled will be sent to the State Attorney's office.
- If you cancel an appointment without 24 hours of notice or no show an appointment there will be a \$50 charge to your account. We reserve the right not to make future appointments if this occurs more than three times.
- If you cannot pay for the services you have completed within 90 days and have not set up a payment plan or agreement with the office; you will receive a notice that you will be sent to collections 30 days after that point.

I have read, understand and agree to this Financial Policy.

Patient Signature/Responsible Party: _____ **Date:** _____