

**MIRA VISTA COSMETIC
DENTISTRY**

Financial Policy

We are committed to providing you with the highest quality dental care using only the best materials and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. Our financial policy is intended to facilitate excellent service to you.

Our office has chosen to accept and file insurance claims as a courtesy to our patients. **All charges you incur are your responsibility regardless of your insurance coverage.** We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract. You are also responsible for your portion of the fees incurred at the time services are rendered. We will do our best to **estimate** this amount for you prior to the appointment so that you are prepared. You will be billed or credited for any remaining amount after insurance has paid. If payment

from your insurance company is not received within 60 days from the date of service, **you will be expected to pay the balance in full.**

As a courtesy to you, we will help you process all of your primary insurance claims. You must direct your insurance company to pay your benefits directly to our office by signing the authorization on the Assignment of Benefits Agreement. In order for our office to file your insurance claims, you must bring proof of insurance to each appointment. We also ask that you inform our office of any changes to your insurance.

Payment is due at the time the service is provided. For your convenience, our office accepts cash, personal checks, credit/debit MasterCard and Visa.

Our office may use Electronic Check Transfers for checks in the amount of \$100.00 and greater. This process provides a guarantee of your check and converts it to an ACH transaction that is immediately debited from your account. We reserve the right to process ANY check paid to the office for guarantee, whether received over the counter or through mail.

Returned checks and balances **over 90 days will be sent over for collection** unless previous arrangements are made with our office in writing. Additionally, our office will charge for broken and/or cancelled appointments without the courtesy of a 48-hour advance notice. As a courtesy to others, if a patient runs 10 minutes or more behind for reserved time, the appointment may need to be rescheduled and may be subject to the No Show/Broken Appointment charge.

If you have any questions regarding our Financial Policy, please feel free to ask. We are committed to providing you with the most positive experience in dental care.

Print Name

Signature

Date