

Marsh Family Dental - Office and Financial Policy

All patients must complete a patient registration form, a health form, and a HIPAA form prior to being seen by the doctor or staff.

PAYMENTS

- We accept cash, checks, Visa, MasterCard, Discover, Care Credit, Flex/FSA cards and debit cards.
- Full payment is due at the time of service for patients without a dental plan.
- Insurance deductibles and co-payments are due at the time of service.
- When we collect copayments, we are estimating your amount due at the time of service. We try to estimate as close as possible in order for you not to have any additional payment. However, sometimes our estimates leave a balance, in which case we will be sending you a bill for the difference. It is not our intention to have you pay any more than you would owe.
- Any expense incurred for returned checks will become your responsibility and will be added to your account balance.
- We encourage you to discuss any financial concerns that you may have so that we may assist you in the effective management of your care.
 - **MAJOR SERVICES:**All fees for major services will be discussed prior to treatment, but may be subject to change due to the nature of dental care.

PATIENTS WITH A DENTAL INSURANCE PLAN

We ask that you provide us with all your insurance information prior to your first appointment. Your insurance plan may or may not include benefits for services rendered in this office. The benefits you receive are in accordance with your plan agreement, which is determined by either you or your employer. It is your responsibility to know what your insurance covers. Please understand your plan is a contract between you and your carrier. You, the patient, are responsible for all the services rendered. We will assist you in obtaining the allowable benefits. In addition we will submit a “**Preauthorization**” to your insurance carrier for prior to treatment to determine applicable benefits, if you request one. Claims uncollectible after five (5) months will become the responsibility of the patient and payable in full.

MISSED APPOINTMENTS

We do understand that emergency situations occur, however, if you miss an appointment or cancel with less than 48 hours notice, **a fee of up to \$75.00** will be applied. This fee is not covered by your dental insurance and will need to be paid prior to you making any future appointments. We also require an adult to accompany all children under the age of 18 to consent to treatment.

If you are more than 15 minutes late for your appointment, we may need to reschedule you. Our attention to detail for all our patients also means for us to be able to stay on time for all scheduled appointments.

***I have read, understand and agreed to the financial policy described above.**

Signature of Patient, Parent or Guardian

Date

Signature of Office Staff at Marsh Family Dental

Date