

Thank you for choosing Maplewood Dental Arts for your dental needs. We appreciate the confidence you have placed in us. Our primary mission is to provide you with the highest quality of care, in the safest possible environment.

The following is a statement of our financial policy which we require you to read and sign prior to any treatment.

Our fees reflect our commitment to the quality of care that our patients deserve. We will be happy to answer any questions regarding treatment costs and, if requested, will provide you with a pre-treatment estimate of costs prior to any treatment beginning. Please understand that fees may be altered if dental needs change.

For those patients without dental insurance, payment is expected when services are rendered. We accept cash and check as well as American Express, Master Card, Visa and Discover. We are also pleased to offer no interest payment plans through CareCredit and Lending Club with no annual fees or pre-payment penalties.

As a courtesy to our patients with dental insurance we are happy to assist in you processing your insurance claims. **Please remember that your insurance is a contract either between your employer and the insurance company or you and the insurance company and that we are not a party to that agreement.** In most cases, insurance does not cover all the costs involved. It is designed to reduce the cost to you. Some services may not be covered or only partially covered, if not considered "reasonable and customary" by your insurance. In the event the insurance company denies payment for any services, the obligations for payment will be solely that of the patient or the responsible party as named on the patient registration.

We do accept Assignment of Benefits for most insurance plans. **If, for any reason, we have not received your carrier's payment within 45 days of the date of service you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.**

When a pre-determination of benefits has been done, payment of the estimated patient portion of the fee is expected when services are rendered. Pre-determinations of benefits are not a guarantee of payment by your insurance company.

Once insurance pays its portion, balances are due within 30 days. Failure to pay such costs will result in a monthly late fee not to exceed 18% per year or 1.5% per month.

A fee of \$100.00 will be charged for patients who miss or cancel their appointment without 24 hours' notice. Excessive failed or 'no show' appointments may lead to dismissal from the practice. Please help us to serve you better by keeping scheduled appointments.

If you have any questions please do not hesitate to inquire. We are committed to providing you a lifetime of optimum oral health.

Signature required _____ Print name _____ Date _____
(patient, parent or other responsible party)

1. Subject to credit approval. Must be paid within promotional period. Minimum monthly payment is required.