

# Magnolia City Dental

## Financial Policy

Thank you for choosing our office for your dental care, we appreciate the trust you have given us. We are dedicated to providing you with the best quality of care. We also care about our customer service and your overall experience with us. We attempt to make accessing our services easy and as hassle free as possible. The following represents our financial policy relative to your appointment and payment services.

1. We participate in many insurance plans. If you are not insured with an insurance plan that we are in network with or one that allows you to go out of network, payment will be due when services are rendered at each visit.

If you are insured, please supply us with your correct and full insurance information before the day of your appointment. We are not always able to verify your insurance at the visit. If we are unable to get your insurance verified, you will be required to pay for your visit in full. Once your insurance can be verified, we will direct them to reimburse you directly. We prefer to have it verified beforehand so you can utilize your coverage.

2. Knowing your insurance benefits is your responsibility. Please call your insurance company with any questions you have regarding your policy.
3. Co-payments, Deductibles and Co-Insurance must be paid at the time of service. This is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-pay at each visit.
4. Appointments that are 2 hours or longer will require a prepayment of your portion in order to schedule. We prepare treatment rooms and coordinate staff schedules to be available for your care. Should you find it necessary to reschedule any appointment, we require a full **24 hour** notice. All appointments must be confirmed by 2:00 p.m. the day before. Anything less than that will result in a **\$50 late cancellation or no show fee**. We value our patient's time away from work and family and request you value your appointment as well.
5. Please understand that some of your services may be considered unnecessary or unreasonable by your insurance company. We do our best to alert you of this when we discuss your treatment plan. We do our best to re-file & appeal any decision that is not in your favor, please assist us in this, should the need arise. Insurance companies are getting exceedingly more difficult to work with. We are here to serve you, our patient.
6. Finance charges of **18%** may be added to any balance over 60 days without insurance pending. Please call us right away should you have any questions regarding your bill so that we may avoid this.
7. We must have a current copy of a picture ID and your insurance card on file. Even if it is a computer printout rather than an actual card. If you fail to provide us with your correct insurance information in a timely manner, you will be responsible for the full balance of your account.
8. We will submit your claims for you as a courtesy and assist you in any way possible to help get your claims paid. Your insurance company may need information from you before they can process your claim. It is your responsibility to comply with their request. In failing to provide them with anything they need from you, they will deny your claim and you are responsible for the balance in full. Please be aware that the balance of your account is your responsibility whether or not your insurance company pays your claim.

Again, thank you for choosing our office. Just as our dental team is available to provide you with outstanding dental care, our administrative team is available to assist you with any financial questions or concerns.

My signature below acknowledges that I have read and understand this Financial and Appointment Policy.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Full Name \_\_\_\_\_