MIDWEST DENTAL
SPECIALISTS

Financial Policy

Last Name: _____ First Name _____ Birthdate: _____

Date:

Please read carefully and sign to acknowledge understanding and agreement.

Thank you for choosing us as your dental care provider. We are committed to providing you with the best dental care available.

Available Payment Options:

- You can choose from Cash, Check, Visa, Mastercard, American Express
- On treatment over $500.00, a 5% discount will de deducted from the total listed fee if paid in full by cash or check at the first appointment of treatment series regardless of any insurance. Allowances and/or discounts can not be combined.
- CareCredit and Cherry payment plan option, ask us for detailed information

Regarding Insurance

- We will submit claims to your insurance, however, we ask that all treatment be paid in full on the day of service. The claim will be noted to reimbuse the patient with any benefits available for the procedures completed.
- If they request additional information, we will submit that as requested.
- We will attempt to answer any questions we can about your insurance and, when possible, we will assist in resolving complications with your insurance company. Please understand that we cannot speak on their behalf. Your insurance contract is an agreement between you, your employer and your insurance carrier. We file all dental insurance except Medicare, Medicaid and HIP.

*In special circumstances, should you receive 50% or more of a discount off of your services, insurance will not be filed.

Patients Without Insurance

- For those patients without insurance coverage, you will be responsible for payment on the day of treatment. If you are not able to pay in full, or if your treatment requires several visits, you will be given an estimate and will be able to discuss payment arragements with a member of our business office staff.

Cancellation/No Show Policy

Test (Use this one for x-rays)• If you need to reschedule an appointment, we request a 2-working day notice.
- We reserve the right to charge a fee, for those not giving notice.

Collections

- A charge will be added to your account for any returned checks. You are responsible to pay all costs of collecting, or attempting to collect any debt owed on this account. This includes all attorney fees, interest, and late fees.

X-Rays

- You are responsible to pay a fee for duplicate copies of your x-rays.

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Patient, Parent or Guardian Signature