



MOUNTAIN DENTAL

We strive to deliver the finest care possible at a reasonable cost to our patients. We appreciate the trust and confidence you have placed in us, and because we value you as a patient, we want to ensure that you have a clear understanding of our payment policy.

Please review our financial policy below. Our patient service representative will be happy to answer any questions or to address any concerns you may have. After you have read our financial policy and understand it fully, please sign and return it to us with your health history.

Thank you for choosing Mountain Dental.

Financial Policy Agreement

Insurance Processing

Insurance coverage varies from policy to policy, and it is your responsibility to understand what your insurance plan covers. Questions regarding your individual plan should be directed to your human resources department or insurance provider.

As a service to our patients, we assist with insurance processing. We make every effort to maximize your dental benefits, and we will provide you with a complete estimate before any treatment is done.

Our policy requires co-payments to be **paid at the time of services**.

You may need to have pre-authorization from your insurance company prior to starting treatment and we will be happy to submit it for you. If you decide to proceed with dental treatment without a pre-authorization, you will be responsible for the full cost of treatment on the **day of service**.

Missed Appointments/Cancellation Policy

We value your time and make every effort to provide treatment in a timely manner and in as few visits as necessary. In order to provide the best services to our patients, we require 24 hours notice for cancellations or for re-scheduling your appointment. Because our time is valuable like yours, you may be charged a cancellation fee of \$_____ for any late cancellations or missed appointments.

Collection Policy

I understand that a \$35.00 late payment processing fee will be added to any balance over 90 days. In the event of default, I promise to pay legal interest on the indebtedness, together with such collection costs and reasonable attorney fees as may be required to effect collection of this note.

Patient/Guardian Signature

I have read and understand Mountain Dental's financial policy:

Patient/Guardian Signature _____ Date _____