

# **Meadow Place Dental**

## **Financial Policy**

Thank you for choosing Meadow Place Dental as your Dental Care Provider. The following is our Financial Policy. Our primary concern is providing the proper and optimum care needed to restore your health. Therefore, if you have any questions or concerns regarding our policies, please do not hesitate to ask our front desk office staff.

Please read, understand, and sign our financial policy:

Your dental insurance policy is a contract between you, your employer, and your insurance carrier. We are not a party to that contract. Our relationship is with you, our patient, and not with a third party insurance company. I agree to give Meadow Place Dental complete and accurate insurance information for any primary/secondary insurance coverages. I understand that failure to supply complete and accurate information may result in denial of my claim.

Our office will be more than happy to help in processing your insurance claims for you but ask you to remember that all charges incurred by you are ultimately your responsibility.

Our office will accept assignment of benefits from your insurance unless the company does not allow.

Not all services are covered by your insurance. There are almost always deductibles and co-payments which are your responsibility. Some insurance companies arbitrarily select services they choose not to cover. Every policy is different.

I acknowledge that dentistry is not an exact science and changes in treatment may become necessary during the course of my care. I understand that I will be kept informed of any necessary changes and acknowledge that I will be financially responsible for such changes.

Meadow Place Dental is committed to providing the highest quality dental care to our patients. In return, I agree to be financially responsible for payment of Meadow Place Dental's services.

**PAYMENT IS DUE AT THE TIME YOUR TREATMENT IS RENDERED.**

We accept Cash, Check, Visa, Mastercard, Discover, American Express, and CareCredit

Again, thank you for choosing us as your health care provider. We appreciate your trust and confidence.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_