# Mount Auburn Dental
# Financial Guidelines / Insurance Acknowledgement

*The following information is to inform you of our financial guidelines. If, at any time, you have questions regarding this policy, please do not hesitate to ask.*

We are committed to providing you with the highest quality of care. Our fees reflect the quality of care we provide. We continue our commitment by offering a variety of financial options to enable you to receive the dental care you need. We accept cash, check, Visa, Master card, Discover, an in-house membership plan, Care Credit, and for established patients we offer a 3-payment schedule.

We will communicate all recommended treatment options and associated fees, prior to the start of treatment. Payment for non-insured clients are expected at the time of service.
**It is our policy that the parent or guardian who accompanies a child to our office for treatment is responsible for payment of all services rendered.**

A delinquent account impedes our ability to provide you with the quality dental care that you deserve. A service charge of 1.5% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 30 days, unless previously written financial arrangements are satisfied. Check policy: If your check is returned for any reason, we will charge for the check plus a processing fee of $35.00.

We are committed to respecting your time and ask that you make every effort to keep the appointment time reserved exclusively for you. We understand there may be times when you are unable to keep your appointment. Should you find it necessary to reschedule an appointment, please provide us with a notice of two business days.

As a courtesy to our patients with dental insurance benefits, we will submit your claim and provide any necessary information to assist you in receiving your dental benefits. We require that any deductibles and estimated patient portion be paid at the time treatment is rendered.
**Please make sure we have a copy of your dental insurance card on file and current address information to process your claim.**

We will do everything in our power to see that you receive the benefits you are entitled to through your policy, however, after 30 days the balance on the account is your responsibility regardless of insurance.

Remember: dental insurance is a contract between you, your employer, and the insurance company. It is a benefit to ASSIST you with the cost of dental care. At no time, should insurance benefits compromise your doctor's diagnosis or affect your choice of treatment.

It is your responsibility to see that we have the current and accurate information on file for your insurance.

Patient/Parent/Guardian Signature: _____ Date: _____