

**Midtown Dentistry
Dr. Daniel J. Griffiths**

FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have a dental insurance, we are pleased to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment is due at the time services are rendered. Those patients with insurance will be expected to pay their co-pays at that time. We are no longer able to wait until all insurance has paid before collecting the patient's portion. We accept cash, checks, MasterCard, Discover, Visa and American Express. *Additionally, we are now offering Care Credit to assist you in financing your necessary dental treatment.* Also, we will be happy to help you process your insurance claim-form for your reimbursement.

Returned checks are subject to a fee of \$35.00 and are expected to be paid in full (including the \$35.00 fee) within 5 business days. Account balances older than 30 days may be subject to additional interest/finance charges that will be applied each month. Accounts that are sent to a Collections Agency, could incur additional charges put forth by the Agency. A fee of \$50.00 may also be made for broken appointments and appointments cancelled **without** 24 hour advance notice.

We will gladly discuss your proposed treatment plan, and give you a written estimate based on the verbal information provided to us by your insurance company. However, you must realize:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Not all services are a covered benefit in all contracts. Some insurance companies select certain services they will not cover, also often times insurance companies combine or downgrade to less expensive procedures. (This includes, but is not limited to X-rays and Amalgam/Composite fillings). It is the responsibility of the Subscriber to know and understand their individual policy.

We must emphasize that, as Dental Care Providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

If you have any question about the above information or any uncertainty regarding your insurance coverage, **PLEASE** don't hesitate to ask us. We are here to help you!

How will you be paying for your services?

Visa___ MasterCard___ Discover___ American Express ___ Cash___ Check___

Care Credit___ (Please let us know **before** the appointment if you plan to use our financing plan).

Signature_____ **Date**_____