

# MACHEN FAMILY DENTISTRY FINANCIAL POLICY

It is our intent to fully explain and inform you of all procedures, options, and fees prior to treatment. Insurance quotes are an estimate only and not a guarantee. During the course of treatment, due to the complexity of the mouth, treatment plans may change according to unexpected oral conditions.

Payment is required at time of service. If you are not able to pay in full, we may be able to offer payment plans after you have paid (at minimum) half of treatment done on each date of service.

Patients who carry insurance should understand that services rendered are charged to the patient, not the insurance company. We are happy to file claims with your insurance carrier, however, all charges are your responsibility. Any estimates by this office regarding insurance benefits are only a guideline based on the information provided to us by your insurance carrier. This office makes no guarantee of an insurance payment. If after 6 months your insurance has not paid their portion, it is the patient's responsibility to pay the account in full.

## **Payment Options**

**Deductibles, co-payments, and any position not covered by your insurance is due at the time of your visit.** If you are unable to pay in full at time of your visit, please speak with our staff to see if the office can offer a payment plan prior to completing treatment.

We accept cash, check, Visa, MasterCard, Discover, AMEX, CareCredit.

Due to insurance restrictions, discounts cannot be offered to patients with dental insurance.

Cash or check payments for the full account balance without insurance are eligible for a 10% cash discount.

Payment of half-down on each date of service is required if the office is able to arrange a payment plan, and the plan must be updated if further treatment is completed.

Machen Family Dentistry will apply finance charges monthly at 1.5% (18% A.P.R.) if balances are not paid within 90 days, or within the guidelines that have been set for payment plans.

If a planned payment is delinquent, payment must be made within 30 days, and the remainder of the payment plan will continue as outlined. If payment is not received within 30 days, the payment plan will terminate, and the account balance will be sent to our collection agency.

## **Financing Options**

### **1: Care Credit**

Applications for Care Credit are available at our office. We would be happy to assist you with your application.

### **2: In-office payment plans**

A recurring payment plan can be created after payment of half-down is made at time of service. Please ask front office for details, and to set up a plan.

Machen Family Dentistry reserves the right to update and revise this policy as needed.

\*Revised December 31, 2018.\*

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_