MONADNOCK DENTAL ASSOCIATES PLLC

Healthy Smile Healthy Mouth Healthy Life

Financial Policy

It is our goal for our patients to understand their treatment needs as well as their financial responsibility before treatment begins. Please review the following policies and procedures.

Payment is due at the time services are rendered. If you have dental insurance, your estimated co pay is due at the time of service.

If you have dental insurance: As a courtesy we will gladly file your claims and accept assignment of dental insurance benefits unless your insurance provider is Delta Dental. Delta will mail you the check directly. We request that you agree to the following:

1. Our relationship is with you; not your insurance company. Your insurance is a contract between you, your employer, and the insurance company. We are **NOT** held to that contract. We will do our best to estimate your insurance benefits and coverage.
2. While we do our best to estimate co pays through pre-estimates from your insurance company they **ARE NOT A GUARANTEE OF PAYMENT.**
3. You must provide us with an insurance card and/or all of the information necessary to verify insurance coverage and file your claim.
4. You are responsible to pay our fees; not what your insurance company allows or considers "usual, customary, and reasonable" (UCR), all of which vary from company to company.
5. All charges not paid by your insurance company are your responsibility regardless of the reason for non-payment. Not all services we provide are covered benefits. Benefits differ from one company to another.
6. Treatment provided in another dental office during your current plan year may alter your co-payment due for services in our office. In such cases we are not able to track whether or not you have reached your yearly maximum benefits. Please call your insurance company if this applies to you.
7. Please understand that our responsibility is to provide you with treatment that best meets your needs, not to try and match your care to your insurance plan limitations.

Broken and Missed Appointments: To reschedule or cancel an appointment you must contact us 48 hours prior to the appointment to avoid a missed appointment fee of $50

I have read and understand this document in its entirety; outlining the office and financial policies of Monadnock Dental Associates and agree to these terms.

Signature of patient or parent/guardian: _____ Date: _____