

## **General Office & Financial Information**

### **Revised December 1, 2022**

It is among our goals at Midgette Dentistry to provide not only the finest dental care available, but also to provide financial services that do not cause undue hardship to our patients. Patients will be scheduled for treatment after financial arrangements are made with our Scheduling Coordinators.

**PLEASE READ THE FOLLOWING CAREFULLY. OUR SCHEDULING COORDINATORS ARE AVAILABLE TO ANSWER ANY QUESTIONS YOU MAY HAVE.**

**Insurance Policy-** The patient is always expected to pay his/her estimated portion of fees associated with dental treatment at the time of service, including any co-pays and deductibles. As a courtesy to all of our patients with dental insurance, we will file for dental services with your primary insurance carrier and if applicable, your secondary insurance carrier. We will gladly assist you in obtaining the maximum benefit specified in your contract, however, you must realize that your benefit program is a contract between you, your employer and the insurance company and we are not a party to that contract. The time allowed for an insurance response is 30 days. If your insurance carrier has not made payment within 30 days following your date of service, we will expect any unpaid balance to be paid by you. We can generally give you an approximate estimate of your insurance benefit, but we are not responsible for any discrepancy between the estimated benefit and the actual benefit. It is ultimately your responsibility to follow up with the insurance carrier concerning your claim or with any questions concerning your claim.

\*\* We must emphasize that as a dental care provider, our relationship is with you, not your insurance company. While 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. \*\*

**Payment Policy-** Our office requires payment in full at the time that dental services are rendered. Financial arrangements must be made at the time of scheduling treatment. If your account becomes delinquent and is subsequently referred to an attorney for collection, the undersigned person(s) promises and agree to pay all collection costs including attorney fees of 33 1/3% of the principal amount due and owing when turned over for collection. The undersigned further agrees to pay interest at a rate of 1 1/2% per month (18% per Annum) on the unpaid balance from the date the services were last rendered. Please discuss finances with one of our scheduling coordinators prior to scheduling any dental treatment to help avoid misunderstandings. Our payment options are as follows....

- Payment in full at time services are rendered. For those without insurance or with an out of network insurance carrier, 5% courtesy credit is given when you pay with cash or check (does not apply to debit or credit card payments) on out of pocket expenses in excess of \$500.00.
- Charges may be broken into two equal payments; the first to be paid at the time services are rendered and the second to be paid 30 days after the first payment.
- We participate with Care Credit, which makes it possible for treatment to be paid for over the course of a year or more without incurring interest charges.

**X-ray Requirements-** We pride ourselves on delivering the highest standard of dental care; therefore, complete diagnostic x-rays are necessary. We require a complete series of x-rays on new patients and patients who have not been seen by our doctors on a regular basis. If you have had a series done with another dentist within the last three years, we ask that you bring them with you to your initial visit. If you do not have them or are not able to get them from your previous dentist before your appointment with us, we may need to take new x-rays and your account will be charged accordingly.

**Broken Appointment Policy-** We take out patient's time commitments very seriously and try our very best to stay on time. One of the largest disruptions to our schedule is the broken appointment. We ask that you notify us within 48 hours on all appointment changes, however if you fail a dental appointment with less than 24 hours notification, we reserve the right to assess a \$50.00 fee, per hour scheduled, to your account. Simply speak to one of our Scheduling Coordinators if an appointment change is necessary, with as much advance notice as possible.

## **Authorization of Patient**

I authorize the staff to perform any necessary services (with Informed Consent) needed during diagnosis and recommended treatment. I also authorize the provider to release any information required to process insurance claims.

I understand that my insurance policy is a contract between my insurance carrier and me and that I am responsible to Dr. Brian Midgette for all fees.

I authorize and request my insurance carrier (if applicable) to directly pay Dr. Brian Midgette. I understand that my dental insurance carrier will pay less than the actual billed services and that I am responsible for the remaining balance.

I authorize photocopies of this form to be as valid as the original.

In the event that my account is turned over to collections, I hereby give permission for my current employer(s) to provide verification of employment to this office or their attorney, Parrish and Lebar, LLP.

I understand the above information and guarantee that this form was completed correctly to the best of my knowledge and understand that it is my responsibility to inform this office of any changes to the information I have provided.

Print Name: \_\_\_\_\_

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

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

\_\_\_\_ Adult Patient \_\_\_\_ Parent/Guardian \_\_\_\_ Spouse's Signature (Power of Attorney Required)