

## Financial Policy

At MCDM, we choose to stay out of network with dental insurance so we can focus on *you*, not insurance restrictions. Many insurance plans limit treatment options based on cost, not what's best for your long-term health. As a biologic dental office, we care for the whole body and provide treatments that support your overall wellness—even if they fall outside of typical coverage. This way, your care is guided by your needs, not by an insurance company. **Please take a moment to review the following information regarding payment and insurance submission.**

**Payment for Services** - We are a fee-for-service dental practice, which means payment is **due in full at the time of service**.

For your convenience, we accept cash, check, debit, major credit cards, and FSA/HSA. We also offer financing options through CareCredit.

**Dental Insurance- Your dental insurance is a contract between you and the insurance company, not the office.** As a courtesy, we will submit your dental claim **one** time to your insurance carrier on your behalf. Because our office is **not** in-network with insurance companies, reimbursement will be sent directly to you by your insurance carrier. If, for any reason, your insurance company sends payment to our office instead, we will issue a refund check to you promptly once the payment has cleared.

**Treatment Estimates-** Any insurance estimates provided by our office are **not a guarantee**, as actual benefits and coverage will be determined by your insurance company.

**Missed or Late Appointment-** All appointments must be canceled or rescheduled with at least **48 business hours' notice**, otherwise a **\$50 fee** will apply for hygiene appointments and a **\$100 fee** for doctor appointments missed or canceled without proper notice.

**Outstanding Balances-** Accounts with unpaid balances after 30 days may be subject to late fees or further collection activity. Any returned checks will incur a **\$35 returned payment fee**.

We appreciate your understanding and cooperation in helping us maintain the highest standard of care for all our patients. If you have any questions regarding this policy or your account, please don't hesitate to contact our office manager

- I HAVE READ THIS FINANCIAL POLICY, AND I UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS STIPULATED HERE.

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

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