

MARKET STREET DENTAL PAYMENT POLICY AGREEMENT

PAYMENT and CO-PAYMENTS ARE DUE WHEN TREATMENT BEGINS

If you have insurance coverage, please also read the reverse

We accept the following forms of payment:

◦ **CASH or PERSONAL CHECK**

Please note: If our bank charges us fees for re-depositing or returning your check, those fees as well as our processing fee of \$15 will be added to your balance due.

◦ **CREDIT CARD** We accept Visa, Mastercard & Discover

◦ **FINANCING** We can assist you in make financing arrangements thru either of the following:

a. Care Credit – This is a health care credit card

b. DentalBanc – Payments are financed through a 3rd party

I have read and agree to the terms of the Payment Policy (and Insurance Policy on the reverse side of this page if it applies to me):

Name of responsible party_____.

Signature _____ Date_____.

Questions should be directed to Leah at (814)726-1240. Thank you.

Financial Policy – Patient with Insurance Coverage

Step 1) When a patient with insurance coverage accepts a proposed treatment plan, we will contact the insurance company and ask for a predetermination.

Step 2) You will be contacted after the predetermination has been received by us.

Step 3) Dental Services are rendered. Your co-payment/deductible is due on the date of service. As a courtesy to you, our office will file a claim to your insurance carrier for your dental charges after our estimated copay/ deductible has been satisfied. You will also be responsible for any balance remaining after your insurance carrier has paid us. We can only give you an ESTIMATE of what we think your insurance may pay. We cannot guarantee the amount your insurance company will pay. They do not always pay what they are expected to pay. If there are questions or problems with the amount paid, this should be discussed with your insurance carrier.

Step 4) We will not bill you for your unpaid dental charges for which claims have been filed until 60 days after the claim has been filed. If no payment has been made at that time, we ask that you notify your carrier that your claim has not been paid and that your doctor has requested payment from you.

You may receive an Explanation of Benefits (E.O.B) from your insurance company. Review the E.O.B. closely. The E.O.B. will state the amount Market Street Dental charges and receives as payment from the insurance company, adjustments made and information on any remaining balances due to us from you directly. If your insurance company sends you a check as payment for services provided by Market Street Dental, please present us with both the check and the E.O.B. as soon as possible.

Our office will be happy to assist you as best we can. However, all charges are YOUR responsibility. If you have questions or problems, we will try to help. You may call Leah, our Office Manager, with any questions regarding treatment and payment.

I agree to pay Market Street Dental any fees, co-pays, co-insurances, deductibles, or non-covered items that apply to my account for each visit.

I have read and understand the above information.

Name of Responsible Party: _____

SIGNATURE

DATE