

Magnolia Dental

family dentistry

We appreciate the opportunity to serve you. It is our intent to provide you with the finest care possible while ensuring that you fully understand our procedures, treatment, and payment expectations. To assure that your care comes first and payment arrangements second, our financial policy offers the following payment options.

For all treatment, we will be asking for the payment of the portion not covered by the insurance BEFORE the service is rendered.

METHODS OF PAYMENT

Acceptable methods of payment are cash, VISA, Mastercard, and check card. We apologize for the inconvenience, but we do not accept CHECKS.

INSURANCE

As a courtesy, we will bill your insurance for you if provided with all proper billing information. Charges not paid at the time of service are due within 30 days. All accounts are due within 90 days regardless of insurance involvement. A 1.5% monthly finance charge will be assessed on all accounts past 60 days. You will receive a monthly statement regarding amounts unpaid. This does not apply to Medicaid or Chip Patients.

ESTIMATES

We can provide a treatment plan with an estimate of total costs after the initial visit. This treatment plan will include, in writing, a breakdown of our fees, the estimated insurance coverage, and your portion that will be due at each visit. We would like to emphasize that these are "estimates". Should additional unforeseen problems or complications arise as treatment progresses, you will be kept notified.

We reserve the right to charge your account \$30 for all appointments cancelled or changed with less than 24 hours notice.

MINORS

Parents or guardians of minor children MUST be present in the waiting room at all times during the child's dental treatment. If parents or guardians leave the premises while their child is receiving dental treatment, treatment will be immediately terminated and the police will be notified of the child's abandonment.

Parent's initials _____

Again, please feel free to ask any questions you may have regarding these policies. We are most willing to help you in any way we can.

Signature of patient/parent/guardian

Date

RELEASE OF RECORDS

I allow for release of my x-rays and records to my insurance company as needed for the completeness in their payment of my dental claims. I allow for release of my x-rays and records to other dental and medical specialists, as needed, for completeness regarding my dental care. I also allow for photographs to be taken of my mouth and dental work for the use of education and as a record of progress of my treatment.

Signature of patient/parent/guardian

Date