



Mountain Top
periodontics & implants

Our Financial Policy

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

WE ACCEPT CASH, CHECK, OR VISA/MASTERCARD/AMEX
FINANCIAL PAYMENT PLANS ARE AVAILABLE
(3, 6, & 12-month interest free options.)

_____ Regarding Insurance

Insurance is a contract between you, your employer, and your insurance company. As a courtesy to our patients we will file your insurance claims. The full balance is your responsibility, whether your insurance company pays or not. ***We do request payment of any treatment or percentage of treatment not covered by insurance at the time of service.*** We cannot bill your insurance company unless you give us your complete insurance information. If your insurance company has not paid their portion within 45 days, the full balance will be your responsibility. You will have an additional 15 days to pay the balance. Please be aware that all of the services provided are non-covered services under the Medicare Program and/or other medical insurance.

_____ Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. **You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.**

_____ Missed Appointments

Unless cancelled, at least 2 business days in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you and our other patients better by keeping scheduled appointments.

_____ Unaccompanied Minors

Proposed treatment sometimes changes during the procedure due to the needs of the tooth. To assure quality care of the patient, it may be necessary to proceed without the consent of the parent or the guardian. The parent or guardian is responsible for payment the day of treatment, and will be financially responsible for the necessary changes in the minor's treatment.

_____ Late Accounts

Balances due for 60 days will be considered delinquent. We reserve the right to forward accounts, which are delinquent to an independent service for collection. In the event your account should become delinquent, by signing below, you are acknowledging that you will be responsible for the balance, interest, court costs and/or attorney fees.

I have read the Financial Policy. I understand and agree to this Financial Policy:

Signature of patient or responsible party

Date _____

GENERAL CONSENT

Thank you for choosing our office for your dental care. We will work with you to help you achieve excellent oral health. While recognizing the benefits of a pleasing smile and teeth that function well, you should be aware that dental treatment, like treatment of any other part of the body, may have some inherent risks.

These risks are seldom great enough to offset the benefits of treatment, but should be considered when making treatment decisions.

Benefits of dental treatment can include: relief of pain, the ability to chew properly, and the confidence and social interaction that a pleasing smile can bring. Nonetheless, there are some common risks associated with virtually any dental procedure, including:

1. **Drug or chemical reaction.** Dental materials and medications may trigger allergic or sensitivity reactions.
2. **Long-term numbness (paresthesia).** Local anesthetic, or its administration, while almost always adequate to allow comfortable care, can result in transient, or in rare instances, permanent numbness.
3. **Muscle or joint tenderness.** Holding one's mouth open can result in muscle or jaw joint tenderness, or in a predisposed patient, precipitate a TMJ disorder.
4. **Sensitivity in teeth or gums, infection, or bleeding.**
5. **Swallowing or inhaling small objects.**

While we follow procedural guidelines, which most often lead to clinical success, there are occasional cases, as in any medical treatment, that do not turn out as planned. We will do our best to assure that it does. Please feel free to ask questions in regard to all dental procedures that are recommended to you.

**THANK YOU FOR READING THE GENERAL CONSENT AND OUR FINANCIAL POLICY.
LET US KNOW IF YOU HAVE ANY QUESTIONS OR CONCERNS.**

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS:

Patient's signature

Date

Parent's signature (if minor patient)

Date