

MONROE FAMILY DENTISTRY

19071 State Hwy 2 Monroe, WA 98272

(360)794-8000

Financial Agreement

It is our goal for patients to clearly understand their treatment needs, as well as their financial responsibility before treatment begins. We desire to make dental treatment affordable to all our patients. Therefore, we offer the following financial agreements.

1. **Visa, MasterCard, Discover, American Express, and CareCredit**
2. **Patients with insurance:** Estimated portion not covered by your insurance is due at the time of treatment. For treatment that requires dental laboratory services, a minimum down payment will be required at the initial appointment.
3. **Patient Financing Services:** For patients requiring extensive treatment, payment arrangements may be made through Carecredit, a finance company for dental expenses. Carecredit offers up to 12 months with 0% interest.

Our Patients with Dental Insurance

We understand that dental insurance plays a role in helping many people defray the costs of dental care; we would like to share with you the following information about dental insurance.

Please understand that our responsibility is to provide you with the treatment that best meets your needs, not try to match your care to insurance plan and limitations. Dental insurance plans do not correspond to individual patients needs, and as such, many routine and necessary dental services are not covered, even though you may need those services. In spite of what your plan says, we've found it is **NOT guarantee** of payment as actual benefit payment are determined only when the claim is processed. Your plan may pay less than what you might expect. The benefits your plan pays are largely determined by your employer / union pays in premiums for plan. The less they paid for the plan, the less you'll receive. We will be happy to submit your claims and help you receive the maximum benefits due to you. Please understand that we cannot accept responsibility for collecting an insurance claim, or negotiating disputed claims. **Occasionally, we need to refer you to a specialist for dental treatment.**

Please be advised we are unable to determine what insurance benefits you may have used at other office.

A finance charge of 1.5% per month is applied on all account balances after 90 days.

Appointment Policy

When you (or your family members) make an appointment, you are responsible for keeping that appointment. The clinic will attempt to remind you of your appointment one or two days prior to your scheduled date. However, you are ultimately responsible for your scheduled appointment. If you are unable to keep your appointment, we respectfully required 48 hours advance notice.

Cancellation and No Show Fees

Failed appointments, with no notice, will be charged \$50.00 per one-half hour of scheduled operatory time.

Cancelled appointments with less than 48 hour notice will be charged \$25.00 per one-half hour of scheduled operatory time. We reserve the right to limit future appointments to those who have a history of missed appointments. I have read and understand the financial policy.

Regardless of insurance, I am responsible for payment of all dental fees for myself and or my dependents. I have read and understand and agree to abide by the above appointment policy.

Signature

Date