

Madison Dental Group Financial Policy

We invite you to discuss with us any and all questions regarding our services and fees. The best health care is based on a friendly, honest, and mutual understanding between doctor and patient.

All services are to be paid at the time rendered unless other arrangements are specifically made with a patient service representative or the business administrator.

Your initial visit is always payable at the time of service.

To establish an account with this office a credit card imprint may be required to be on file.

Financial Options:

- *Pay by cash, check or credit card at the time of service.* An account balance may not exceed **\$300** for completed treatment. If you have insurance, as a service to you, we will submit all necessary forms and documentation directly to your insurance company. Or, if you wish, we will provide you with all documentation and you can submit it yourself.
- *Establish a payment plan with our office.* Together, we can "calculate a fair weekly or monthly payment amount that fits your budget. Again, if you have insurance, all necessary documentation will be either submitted to your insurance company or provided to you.
- In a limited number of cases, *we can accept assignment* on your insurance claim, meaning we will accept the insurance company's portion of the bill directly and you are responsible for any outstanding balance they do not cover. To qualify for assignment **YOU MUST:**

-Have your insurance verified and qualified.

-Provide us with a fully completed claim form from your insurance company,

-You are responsible for any and all deductibles, co-payments, and non-covered services, that is, any balance your plan does not cover.

-After 60 days, if the insurance company does not settle your account, you are responsible for payment of all charges.

-If you terminate your care plan prematurely, you are responsible for the full balance due on your account at that time.

Please remember that an insurance plan is a legal agreement between you and your insurance company. We will do our best to help you obtain the maximum reimbursement you are entitled under your plan. But please remember that, in many cases, we have no control over their capricious and arbitrary system of handling your claims.

I have read and fully understand the policies as set forth above.

Signature _____ Date _____

Print Name _____