Patient Financial Policy

Thank you for choosing Metro Square Dental Associates. The doctors and staff at Metro Square Dental Associates understand that our primary purpose is to provide you with the finest dental care. We pledge to do this, and to do our part in controlling dental costs. If you find yourself in financial distress before or during your treatment, please let us know. We will make every effort to offer you a payment plan that is satisfactory to both parties. Please take a moment to read our financial policy.

- **Your insurance policy is a contract between you and your insurance company.** We will file your claim as a courtesy to you. It is your responsibility to know your benefits, including limitations and exclusions.
- Metro Square Dental Associates does not base treatment on what your insurance company deems necessary, or what they cover. We base treatment on the individual needs of each patient for better dental health. You are ultimately responsible for any charges incurred by you for treatment from Metro Square Dental Associates.
- We will be happy to file a pre-treatment estimate with your insurance company upon request for any recommended treatment. However, if there are questions about the explanation of benefits, we ask that you contact your insurance directly.
- **You are responsible for your estimated portion at the time of each visit**. We are contracted providers with many insurance companies. If your insurance changes for any reason, it is your responsibility to notify us as soon as you become aware of this change.
- We will file your **secondary** claim as a courtesy to you, however if your secondary insurance does not pay in a timely manner, you will be held responsible for the payment. We will be happy to provide you with the necessary paperwork so you may obtain reimbursement from your secondary insurance in this instance.
- We understand that many patients are relying upon **FSA** benefits for payment of services. Metro Square Dental Associates will do the best we can to provide you with the necessary paperwork for you to obtain reimbursement from your FSA Company, however, we will not be held responsible if the paperwork we are able to provide does not meet the expectation of the plan your employer uses.
- **In cases of divorce or separation**, the parent authorizing treatment for a child will be the parent responsible for those charges. If the divorce decree requires the other parent to pay all or part of the costs, it is the authorizing parent's responsibility to collect from the other parent.
- We will apply a 1.5% finance charge to all balances over 30 days old.
- Past due accounts are subject to collection proceedings. If you do not pay your balance in a timely manner, it will be turned over to our collection agency and you will be responsible for all collection and legal fees that the Practice incurs as a result.
- We reserve the right to refuse service to any patient that has been placed into collection.
- There is a service fee of $40.00 for all returned checks.
- There is a broken appointment fee of $40.00. Keeping track of scheduled appointments is the responsibility of the patient. Metro Square Dental Associates will make an attempt via phone or e-mail to remind you of your appointment. We will not be held responsible for your broken appointment if we are unable to reach you, or if you do not receive the *courtesy* reminder call. We require 24 hours notice for all appointment changes or cancellations to avoid this fee.

Signature of Patient/Responsible Party:_____

Printed Name of Patient_____ Date:_____

Printed Name of Responsible Party:_____ Date:_____