



Meadowbrook Family Dentists Financial Policy

Dear Patient:

Thank you for choosing our office for your dental care. The following is our Financial Policy. Our main concern is the proper and optimal treatment for your dental health. If you have any questions or concerns regarding our payment policies please contact our office staff. We ask that all our patients read and sign our Financial Policy.

1. All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. The contract is between you, your employer and the insurance company.
2. Fees for services, along with unpaid deductibles and co-payments are due at the time of treatment.
3. If the insurance company does not pay your claims you will be responsible for those charges.
4. All balances older than 90 days will be reviewed for further action by our collection department.
5. There will be a \$25.00 charge for any appointment not cancelled within 24 hours of said appointment.

We understand that temporary financial problems may affect the timely payment of your balance. Please contact us so we can assist you in the management of your account.

Patient's Signature: _____ Date: _____