MB DENTAL SOLUTIONS

2025 Financial and Appointment Policy

FOR ALL PATIENTS

Our office is committed to providing you with the best possible care. **Your understanding of our financial policy is an essential element of your care and service**. If you have any questions regarding any aspect of our policy, please feel free to present your question to any of our team members.

Payment for services is due at the time services are rendered. We accept checks, cash, credit cards, and third-party financing through Care Credit. Our patients who have dental insurance are expected to pay the amount of their *estimated* copay at the time of service.

Deposit Policy: _____ (please initial)
Due to the extensive amount of time our staff and doctor devotes to preparing and reserving uninterrupted time for appointments over 2 hours, as well as rising materials and lab costs, ***we require a deposit of 25% for treatment totaling over $2000, and 50% for treatment that totals over $10,000 in order to schedule your procedure.*** *Please note there is a separate financial policy for all large treatment plans that will need to be signed prior to scheduling.*

Appointment Policy: _____ (please initial)
We will work hard to accommodate appointments that fit your schedule and dental needs. We ask that you let us know about changes 48 hours in advance. We do understand that life happens, but any missed appointment without the 48-hour call may be subject to a $50 short/no notice fee, and additionally we may require a $50 deposit to reschedule. Habitual missed appointments are grounds for dismissal from the practice.

I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered, as well as any finance charges, collection costs, or multiple rebilling charges. I have read the Financial and Appointment Policy for this office and understand my obligations.

Signature:_____ Printed Name: _____ Date:_____

FOR PATIENTS WITH INSURANCE:

Insurance Policy and Assignment of Benefits:

We submit insurance claims as a courtesy to our patients. It is ultimately your responsibility to understand your insurance coverage and benefits. Not all services are covered benefits with every contract, however that contract exists between the patient/insured and the insurance company. We try to help all patients receive the maximum benefits their plans will allow for the treatment they need. We will estimate your portion based on information provided to us as well as historical information provided to us by your insurance company. Your portion is due the day of service. Please be prepared to pay your *estimated* patient portion. Please keep in mind that this will be an *estimate.* To speed up insurance processing, it is important that you are familiar with your insurance coverage and provide us with accurate information. Please bring current dental insurance information with you and verify your coverage prior to your appointments. **All patients are financially responsible for charges incurred regardless of insurance coverage.** Services which are not covered, are downgraded, or denied by your insurance are your responsibility. If your insurance company has not paid your claim in full within 45 days, the remaining balance will automatically become patient responsibility.

I hereby authorize my primary and/or secondary insurance company to make payments directly to MB Dental Solutions. Furthermore, I have read and understand the Insurance Policy for MB Dental Solutions and I agree to abide by these policies.

Signature:_____ Printed Name: _____ Date:_____