

MISSION VIEJO DENTAL ASSOCIATES
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(949)586-6200 Fax (949)586-2791

FINANCIAL POLICY

This statement is to inform you of our financial policy. We are committed to providing you with the highest quality of dental care utilizing only the best materials and education available. In our process of doing so, we have formulated a financial policy to continue to provide excellent service to you and minimize our administrative cost.

Payment is due at the time service is provided. Our office accepts cash, Mastercard, Visa, American Express, and Discover. Checks are accepted at our own discretion. Outside financing is available upon request and approved credit.

For those of you with dental insurance, as a courtesy, we will assist you in processing your claims. You may direct your insurance company to pay your benefits directly to our office by signing the authorization on the Assignment Of Benefits Agreement. In order for our office to file your insurance claim, you must bring a completed dental insurance form or proof of insurance at each visit. Your co-payment is due and collected at the time of your appointment before you are seated for services to be provided.

All incurred charges are ultimately the responsibility of the patient regardless of insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, and not with your insurance company. Your insurance plan is a contract between you, your employer and the insurance company. Our office is not a party to that contract or any possible restrictions.

Returned checks and balances older than six days may be subject to collection fees and finance charges at the rate of 2% per month (24% annually). Returned checks will be charged a \$25.00 fee the first time and a \$40 fee the second time. There will not be a third time allowed. Additionally, charges may be incurred for broken appointments canceled without 24-hour advance notice.

Please do not hesitate to ask us should you have any further questions regarding our financial policy. We are committed to providing you with the most positive experience in dental care.

patient signature

date