

Financial Policy

MK Periodontics and Implants maintains the following policies regarding payment for services rendered:

- Most dental plans do not cover 100% of dental treatment, therefore **you will be asked to pay your deductible and any co-payment applicable at the time of treatment** unless other arrangements are made *in advance*. We will estimate as closely as possible your financial responsibilities prior to treatment, but we cannot guarantee said estimates. If you would like to know your exact out-of-pocket expense, we can submit an insurance preauthorization prior to treatment. The preauthorization may delay treatment 4-8 weeks and is still not a guarantee of coverage.
- Dental insurance policies are agreements between the patient and the insurance company. As a service to you, our office will submit and process your dental claims; however, the ultimate responsibility of payment lies with the patient. **If after 90 days the insurance company has not made payment, you will be responsible for the total balance.**
- Patient agrees to pay a monthly rate of 1.5% interest on all unpaid balances 90 days or older.
- If a debt is sustained with us, you will be notified by mail warning of an impending submission of your account to a collection agency. If we do not hear from you, your information and account will be forwarded to a collection agency to handle settlement of your account. If this does occur, you will be responsible for any and all finance charges, collection agency fees, and/or attorney fees.
- If you have questions concerning your insurance claim or your specific policy coverage, you must contact your insurance carrier and/or employer.

Payment Options:

1. Cash
2. Personal Check – For existing patients with an established payment history.
3. Credit Card – We accept VISA, MasterCard, Discover, and American Express.
4. CareCredit – subject to credit approval.
5. Lending Club – subject to credit approval.

I have read the above conditions and agree to their content.

Patient Name _____

Patient Signature _____

Legal Guardian Signature (if minor) _____

Date _____