

FINANCIAL GUIDELINES

1. I understand that I am responsible for all fees incurred by myself and/or my dependents. If I have insurance I also understand that I am responsible for all fees incurred by myself and/or my dependents regardless of what my insurance allows as usual and customary.
2. If I have insurance I understand that I am solely responsible for knowledge of my insurance benefits, including amount of deductible, annual maximum, prophy limitations, etc. It is my responsibility to provide you with current/correct dental insurance information. Please understand that it is impossible for us to know the exact benefits of your specific policy, for we deal with over 2000 different plans. We will submit your insurance for you and provide this service without charge. **I understand that estimated co-pays and deductibles are due on the date of service.**
3. I understand that MAC Dental is not a Medicare Provider and does not accept Medicare supplements.
4. Accounts are due and payable monthly as work progresses, regardless of insurance coverage. **If you do not have insurance, payment for all services are due in full on the date of service, unless prior financial payment arrangements have been made.**
5. **I understand that there will be a charge for missed or changed appointments not made at least 24 hours in advance.**
6. In the case of divorce, the person that brings the child in to the office is responsible to make sure that all services get paid for. We are happy to bill the absent parent or ex-spouse, however, in the case of payment delinquency I understand that I will be responsible to pay for all services incurred.
7. A \$25.00 service fee will be charged to your account if a non-sufficient funds check has been written.

SIGNED _____ DATE _____