

Miller Dental Financial Policy

Thank you for choosing Miller Dental as your dental care provider! We are committed to your treatment being successful. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

Non-Insured Patients

Non-insured patients are expected to pay in full with cash, check or credit card the day the treatment is provided unless specific arrangements are made in advance. A 5% accounting adjustment is allowed when treatment fees in excess of \$500 are paid in full by cash or check the day that treatment is performed. Visa, MasterCard and Discover credit cards are accepted in our office.

Insured Patients

For those patients who are covered by insurance, we will accept assignment of benefits. This means that you must sign the portion of your insurance form that “assigns” payment to our office. Most dental insurance plans do not cover 100% of the cost of your treatment. Because of this, and the extreme delay in receiving payment from the insurance company, you will be asked to pay your deductible and your portion of your charges the day the treatment is provided. We will estimate as closely as possible your coverage, but until we actually receive the payment from the insurance company, it is just an estimate. We will assist you in dealing with your insurance company, but the ultimate responsibility lies with you. After 45 days the balance will be due in full from you.

All Patients

Our goal is not to let expense prevent you from benefiting from the quality of care you deserve and need. In addition to the payment methods mentioned above, we offer another alternative to help you meet your treatment needs. Our office uses Wells Fargo Financial to offer interest free financing. Ask for an application if you would like to use this service to meet your treatment needs.

All accounts are due 30 days from the billing date on the statement. Past due accounts will have a FINANCE CHARGE imposed on the adjusted balance, calculated by deducting all payments and credits during the monthly billing period from your previous balance. Our FINANCE CHARGE is based on a periodic rate of 1 ½% of the adjusted balance. This periodic rate corresponds to an ANNUAL PERCENTAGE RATE of 18%. Balances over 90 days will be handled by our collection agency. Any exceptions to this policy are void unless they are approved in writing by Dr. Miller.

Minor Patients

The adults accompanying a minor and the parents (or guardians of the minor) are responsible for payment on the day that treatment is provided. For unaccompanied minors, non-emergency treatment will be denied unless payment arrangements have been made prior to the appointment.

Missed Appointments

Appointments canceled without at least 24 hrs notice, or missed altogether, will be charged a fee equal to a normal office visit on the second occurrence. Please help us serve you better by keeping your scheduled appointments.

If you would like to review these financial arrangements options in advance of your treatment please call our office. I have read the Financial Policy and understand and agree to the terms of this policy.

X _____ Date _____