

Daniel J. Mergen D.D.S. P.S.  
Financial and Insurance Policy

We are committed to providing you with the best possible dental care. Our fees reflect our professional commitment to excellence. If you have dental insurance, we are happy to help you obtain your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy. For the convenience of our patients, we office the following methods of payments of fees.

- A. Payments in full is expected at the time of service.
- B. We gladly accept cash, check, Visa/MasterCard, CareCredit (credit approval required) for each appointment as services are rendered.
- C. For patients with insurance, we gladly accept insurance assignments, but require that the deductible and non-covered fees to be paid at each visit. In the event of duplicate payment, you will be promptly reimbursed.
- D. For multiple appointment procedures (crowns, bridges, partials, etc.) half of patient fee portion is due at the 1<sup>st</sup> appointment and the remaining portion is due at the delivery of the appliance/prosthetic.
- E. There will be a \$35.00 service fee for any returned checks.
- F. There will be a \$50.00 fee for any missed appointments without 24 hour notice.
- G. All accounts that have a balance after 90 days will receive a finance charge of 1.5% monthly.
- H. All accounts that have a balance and do not receive a monthly payment will receive a late fee of \$15.00.

Please be aware, any parents bringing a child to our office is legally responsible for payment of all services rendered. Our office staff understands dental insurance, and will gladly assist you in obtaining the maximum benefits specified in your contract, however, it is important you realize that:

- 1. Your dental benefit program is a contract between you, and/or your employer, and the insurance company. We are not a part of that contract. This office files your insurance as a courtesy to you.
- 2. Our fees generally, but not necessarily, fall within the usual and customary fee structure as determined by insurance carriers.
- 3. Not all dental services are a covered benefit in all contracts.
- 4. You (not the insurance company) are responsible to us for all fees for services rendered to you.
- 5. For patients who have insurance, an ESTIMATE of benefits that your insurance company is expected to pay maybe provided for you upon request. Because insurance policies vary, we can only estimate your coverage in good faith but cannot guarantee coverage due to the complexities of insurance contracts.
- 6. All co-payments and deductibles are expected at the time of service.
- 7. You are fully responsible for all fees charged by this office regardless of your insurance coverage. Any remaining balances after your insurance has paid are your responsibility.
- 8. You are responsible for informing us of any changes to your insurance coverage.

We will gladly discuss your proposed dental treatment and answer any questions you might have with regards to the involvement of your dental benefit program, and receiving care.

Thank you for your cooperation in this matter, and we appreciate the opportunity to serve you.

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(Please Sign)  
Patient or Responsible Party

\_\_\_\_\_  
(Please Print)  
Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Minor