

# FINANCIAL POLICY

To maintain operations and prevent potential misunderstandings, we ask you to accept and adhere to the following financial policy for dental treatment for yourself or any family member:

**PATIENTS WITH DENTAL INSURANCE:** We understand that dental insurance plays a role in helping defray some of the costs of dental care. However, we would like to share with you the following facts about dental insurance.

Dental insurance often will not pay for everything. It is meant only to **assist** in paying for your dental care. Dental insurance plans have no correlation to actual patients' needs. As such, many routine and necessary dental services are not covered, even though you may need those services. Our responsibility is to provide you with the best care and treatment to meet your needs, not to match your care to insurance plan limitations. We will always make your oral health our first priority and not let insurance coverage influence our recommendations. Many plans pay much less than you might expect. The benefits your plan pays for are largely determined by how much your employer or you pay in premiums for the plan. We are happy to submit your claims and help you to receive the maximum benefits due to you, but please understand that **we do not accept responsibility for collecting an insurance claim, or negotiate disputed claims. You remain responsible for payment for unpaid services.**

## **OPTIONAL PAYMENT TERMS:**

- **Pre-Payment Courtesy:** We provide a **10%** discount for dental services when pre-paid with cash/check at the time of scheduling, and a **5%** discount for dental services when pre-paid with a credit/debit card at the time of scheduling.  
**\*excluded with any in-network insurance savings**
- **Extended Payment Plan Options:** You can complete the provided "Payment Plan Credit Application" or you can visit [www.CareCredit.com](http://www.CareCredit.com) or [www.LendingClub.com](http://www.LendingClub.com) to see which plan works best for you. You can also find additional information at [www.Mirelezdental.com](http://www.Mirelezdental.com).
  - a. **Care Credit and Lending Club Patient Solutions:** we offer our patients an interest-free term loan for up to 12 months or a fixed-rate loan for up to 60 months with no down payment, no annual fee, and no prepayment penalty (subject to approval).
  - b. **Patient Preferred Financing:** This payment option looks at your "ability to pay" based on a quick background review of your checking account (not your credit), and may make it possible to receive the dental treatment you deserve. (Please note a 30% down payment is required with this option)
- **In-House Financing:** We are able to split your cost into three (3) payment on a credit/debit card that will be kept on file. 50% is due at the time of scheduling to reserve an appointment, 25% due 30 days after the initial down payment and 25% due 60 days after the initial down payment.

**PATIENTS WITHOUT INSURANCE:** We offer an In-Office Dental Plan. The complete dental plan (VIP) includes two complimentary cleanings, all exams and x-rays within the plan year, and you will receive a **20%** discount for restorative dental services. (Please note that discount will differ if financing is utilized) **\*orthodontic and implant treatment excluded**

**APPOINTMENT SET-UP FEE:** For each appointment, a specific amount of time and material is reserved especially for you. We strongly encourage our patients to keep their appointments. If you must change your appointment, we require a **48 business hour notice** to avoid a **\$50.00** appointment set-up fee.

**INSUFFICIENT FUNDS FEE:** There is a \$50 fee applied for any returned checks and check payment will not be accepted thereafter.

**COLLECTION POLICY:** Payment for services are due at the time services are rendered. Any balances left unpaid more than 30 days will incur a \$25 billing fee per month. You will be responsible for a \$75.00 bookkeeping fee if your account is assigned to a third party for collection. Should suit be commenced to enforce any of the terms of this agreement, you shall pay all attorney's fees and costs. The Court of jurisdiction shall be Fresno County. You hereby grant the right to verify employment or run a credit report to assess your ability to fulfill your financial obligation to this agreement. If communication by phone is necessary, you grant permission to the office, or our assigns, to contact you by phone. If you are unavailable, and a recording device is operable, a message may be left providing a name and phone number.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*If signing for a minor, minor's name