

**Murphy's Landing Family Dental, Inc.
Our Financial Policy**

Thank you for choosing Murphy's Landing Family Dental, Inc. as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. All patients must complete and sign our information and insurance form before seeing the doctor.

FULL PAYMENTS ARE DUE AT THE TIME OF SERVICE

Flexible financing options are available. Please ask for details.

Regarding Insurance

We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do not accept assignment of the benefits, we require that you be pre-approved on our extended payment plan or provide a credit card with authorization to bill the account for that balance. If your insurance company has not paid your account in full within 45 days, the balance will automatically transfer to your credit card or extended payment plan. Please be aware that some, and perhaps all, of the services provided may be non-coverage services and not considered reasonable and necessary under the dental insurance.

Regarding Insurance Plans Where We Are Participants

All co-pays and deductibles are due at time services are rendered. In the event that you're Insurance coverage changes to a plan where we are not participating refer to the paragraph above.

Usual or Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area and region; however, these fees are sometimes not in comparison to insurance fee schedules.

Adult Patients

Adult patients are responsible for full payments at time of service.

Minor Patients

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been preauthorized to one of our approved flexible financing options, or payment by cash or check at time of service has been verified.

*** Missed Appointment**

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at a rate of \$50. Please help us serve you better by keeping your scheduled appointments. Due to high request volume, any failed afternoon appointments may result in loss of privilege to schedule at these times.

Collection Notification

In the event of nonpayment, you will be held liable for collection costs including but not limited to: collection agency fees, reasonable attorney fees and court costs. Unpaid balances shall also be subject to credit bureau reporting and interest at the rate of 1.5% per month beginning from the last date of service or the last payment date.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns

I have read the Financial Policy. I understand and agree with the Financial Policy.

x _____
Signature of Patient or Responsible Party

Date _____

x _____
Signature of Witness

Date _____