

Mission Hill Dental
2732 Big Oak
New Braunfels, TX 78132

Financial Policies

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 receive your maximum allowable benefits. In order to achieve these goals we need your assistance and understanding of our payment policy. For the convenience of our patients we offer the following methods of payment:

- A. Payment in full by cash, check, a major credit card, or alternate financing (i.e. Care Credit) for each appointment as services are rendered. A courtesy is offered on fees over \$500 if paid at the initial appointment.
- B. As a courtesy, we will file your insurance if desired. However, the balance of your account remains your responsibility regardless of insurance status.
- C. Major services (i.e. crowns, bridges, etc.): Payment in full up front, 1/2 payment at the initial appointment and 1/2 upon completion, or 3 equal payments per visit. Partials and dentures must be paid in full before delivery and will not be sent to the lab for processing until 1/2 the fee has been received.
- D. Basic services (i.e. fillings, extractions, etc.): Payment in full up front or 1/2 payment at initial appointment and 1/2 upon completion.

It is important that you realize, however, that:

- 1. Your dental benefit program is a contract between you, your employer, and the insurance company. We are not a party to 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 determined by your carrier.
- 3. Not all dental services are a covered benefit in all contracts.
- 4. You (not the insurance company) are responsible to us for all services rendered to you or a dependent minor.
- 5. For patients who have insurance, an ESTIMATE will be given of the benefits that the insurance company is expected to pay, and any co-payment is expected at the time services are rendered.

We will gladly discuss your proposed dental treatment and answer any questions you might have pertaining to your dental benefit program.

We do require a 24hour cancellation notice. If 24 hour notice is not given, your account is subject to a \$35 cancellation fee.

We appreciate the opportunity to serve you.

Patient/Responsible Party

Date

I have received a copy
of this office's notice of
Privacy Practices:

Signature