

# Written Financial Policy

Thank you for choosing Madison Family Dental. Our primary mission is to deliver the best and most comprehensive dental care available. We are committed to providing you with the highest quality dental care.

## **Payment:**

**For patients with dental insurance:** We will submit your claim first; any deductible, copayment, or remaining balance will be due after your insurance has processed the claim.

**For patients without dental insurance:** Full payment is due at the time of service, unless prior arrangements have been made. We do offer an annual Madison Family Dental Advantage Plan; please ask for details.

We offer several payment options for your convenience: cash, check, credit card, Care Credit Healthcare Credit Card, and Cherry Monthly Payment Plan are accepted forms of payment. There is a process fee for all return checks or invalid credit card payments.

Patient balances are due upon receipt of your statement from our office. Balances that are not paid within 90 days will accrue a 1.5% monthly finance charge.

## **Insurance:**

Madison Family Dental accepts most dental benefit plans. We are happy to submit the claims necessary to see that you receive your benefits. The insurance contract is an agreement between you and the insurance company. You are ultimately responsible for all charges. We cannot guarantee that any coverage estimated by your plan will be paid once a claim is filed.

In order to maximize your benefits and because plans differ from carrier to carrier, and from policy to policy, our office may refer you to your carrier or your employer's benefits coordinator for assistance in understanding your plan. Please note that dental insurance is intended to cover some but not all dental care costs, and not all services are covered by your plan. You are responsible for payment of all services regardless of the payable benefit.

## **Collections:**

After 180 days with no payments received, your account will be turned over to collections and you will be dismissed as a patient of our practice. If your account is turned over to a collection agency, we will continue to see you on an emergency basis for the next 30 days (as a self-pay patient), giving you time to find a new source of dental care. After the 30 days you will no longer be a patient at our practice.

## **Appointments:**

Appointments are reserved exclusively for you. As a benefit to you, we may offer to move your appointment to an earlier time if an opening should arise. If you are late for an appointment, you will be seen as soon as possible, though we may need to shorten your appointment. Our office makes reminder calls for appointments. If you are registered for our email and texting system you will get reminders this way. It is ultimately the patient's responsibility to remember their scheduled appointments. We reserve the right to charge and collect \$100.00 for any broken appointments. Broken appointments are considered those that are missed or cancelled with less than a 24-hour advance notice.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

10.30.2025