



MODERN DENTISTRY

3405 Salterbeck Street Suite 100 Mt. Pleasant, SC 29466
(843) 216-0908

Financial Policy

Thank you for choosing us as your dental care provider. Our office is committed to providing you with the best possible care. Please understand that payment of your bill is considered as part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

Regarding Payment

We accept the following forms of payment: Cash, Check, Visa, Mastercard and American Express. We have also arranged for interest free financing and payment plans for up to 60 months with Care Credit and Lending Club.

Payment for services is due at the time services are rendered unless prior arrangements have been made with the office administrator.

The parent that accompanies the minor child/children to the appointment is responsible for any payment due. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized before the appointment date or previous arrangements have been made with the doctor and office administrator.

Checks that are returned to our office from your financial institution are subject to a \$50.00 returned check fee. This fee covers the processing fees that are charged to our office.

Regarding Insurance

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 accept assignment of benefits and your insurance company has not paid your account in full within 60 days, the balance may be transferred to your account. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy. Our practice is committed to providing the best treatment for our patients and you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Your complete insurance information must be presented at the time services are provided. Insurance claims cannot be backdated. Most benefits will be verified before your insurance can be billed. Your insurance for dental care is similar to a discount card.

All insurance co-pays and deductibles must be paid at the time of service.

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 to this Financial Policy.

Signature of Patient or Responsible Party: _____ Date: _____