



FINANCIAL POLICY

Thank you for choosing Mukilteo Dental Center for your dental needs. Our team is committed to providing you and your family with comprehensive dental care for a lifetime of healthy smiles. You, our valued patient, should be involved in making your treatment decisions by understanding your treatment options as well as your appointment and financial responsibility. Our goal is to become your lifelong dental care provider by earning your trust and confidence.

Payment

Adults: All payments, including copays and deductibles, are due at the time of service. For your convenience we accept cash, check, Visa, MasterCard and Care Credit.

Minors: The parent or legal guardian accompanying a minor, who has consented to treatment, is responsible for full payment at time of service.

Unaccompanied Minors: The parent or legal guardian is responsible for full payment at time of service. Treatment consents and payment arrangements with the parent or legal guardian must be made prior to appointment or non-emergency treatment may be denied.

All balances remaining after 30 days will incur a finance charge at 15% APR.
Accounts that are 60 days past due will be referred to a third-party for collection.

Insurance

As a courtesy to our valued patients, we are happy to process and coordinate insurance claims on your behalf to assist you in maximizing your benefits. Because insurance policies vary greatly, we can estimate your coverage in good faith, but cannot guarantee it. **It is up to you to contact your insurance company and inquire as to what benefits you or your employer have purchased.** The patient portion will be collected at the time of service and is based on this estimate. There may be further adjustments to your account as we receive the Explanation of Benefits (EOB) from your insurance carrier.

Please note that your insurance policy is an agreement between you and the insurance company and you are responsible for balances due. We are not a party to that contract. We are committed to providing comprehensive preventive dental care to our patients and will not allow varying levels of insurance coverage to compromise dental care for our valued patients.

All of our doctors will diagnose treatment based on your dental health, NOT your insurance coverage.

Appointments and Cancellations

We reserve a specific amount of time and resources exclusively for you. Thus, **we require you provide a minimum of 2 business days prior notice to reschedule or cancel your appointment. Failure to provide appropriate timely notice will result in a \$75 fee.**

I have read and understand the above financial policy. I agree to abide by this policy and pay all balances due as noted above.

Patient Name (Please print):

Date:

Patient/Guardian Signature: