POLLY T. MICHAELS, DMD, DABOI/ID, FICOI, FAAID
Diplomate, American Board of Oral Implantology
Board Certified Oral Implantologist

FINANCIAL POLICY

Thank you for choosing Michaels Center for Dental Excellence as your dental care provider. We are committed to quality patient care. The following is a statement of our financial policy, which we want you to fully understand prior to treatment.

Please understand that payment for services is due in full at the time of treatment. We accept cash, checks, Visa, MasterCard, American Express and Care Credit. **There will be a $35.00 fee for any returned checks.**

REGARDING INSURANCE:

We will file claims with your insurance company as a courtesy to you. **However, your insurance policy is a contract between you and your insurance company. We have no control over their decisions and the amount they decide to pay.**

Before filing a claim on your behalf, we will attempt to verify your coverage and calculate your deductible and co-payments as accurately as possible. But please remember, this is only an estimate. All deductibles and co-payments are due at the time of service.

You should be aware that your insurance company will not guarantee payment over the telephone. We will not know the exact amount they pay until they respond to the claim that we file. **Regardless of what your insurance company decides to pay, you remain responsible for payment of your bill in full.** Once we receive payment on your claim, we will send you a bill for any balance remaining on your account. Any balances unpaid after 30 days will result in a finance charge of 1.5% per month.

CANCELLATION POLICY:

If you are unable to keep your reservation, a 48-hour notice is required. **Failure to call to cancel or reschedule an appointment within this time frame will result in a $45.00 minimum broken appointment fee.**

I have read and understand the above Financial Policy. By signing below, I acknowledge responsibility and agree to the terms as written above.

Signature of Responsible Party: ____

Date: ____________________ Witness: ____

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