



## MORRISON DENTAL GROUP

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### **WELCOME TO THE OFFICE**

Our staff appreciates the selection of this office to service your dental health needs. Our goal in this practice is to provide the very best possible dental care for our patients so that each of you may enjoy optimal dental health throughout your lifetime.

During your first visit a thorough examination will be completed. This will include x-rays or other aids that are necessary in making an accurate diagnosis. We will determine and discuss your dental treatment with you, not for you.

Except for emergency situations, you can expect us to be on time for your appointment and we appreciate the same courtesy. No charge will be made for rescheduling your appointment, provided 24 hours' notice is given so that your time can be given to another patient.

### **PATIENT/FAMILY BEHAVIO**

While in a Morrison Dental Group office or facility, I will be polite to the staff. I will be polite to all medical providers. I will be polite to other patients.

### **MORRISON DENTAL GROUP IS NOT RESPONSIBLE FOR LOSS OF PERSONAL BELONGINGS**

Morrison Dental Group is not responsible for any loss, theft or damage to my personal belongings.

### **FINANCIAL POLICY**

To avoid any misunderstandings concerning fees, you may receive an **estimate** of the proposed services prior to treatment. We require payment at the time of service. Our goal is to provide you with the best care possible and we strongly believe that a clear understanding of your financial responsibilities is vital to a healthy relationship with our practice. To assist you in this, several payment options are available for your convenience.

1. **PAYMENTS DUE AT TIME OF SERVICE:** Morrison Dental Group will bill most insurance companies for patients, even though they do not have to do so. If my insurance company does not pay all or part of my bill, I will pay. Full payment is due at time of service. I will be charged \$25 for any returned checks. I give permission to Morrison Dental Group to apply any overpayment from another Morrison Dental Group account to any other bill that I may owe.
2. VISA and MASTERCARD.
3. CareCredit or LendingUSA

**After 60 days a 1.5% finance charge will be applied to the unpaid balance on your account.** Morrison Dental Group may take legal action to enforce this Agreement and/or collect a patient's unpaid balance. Morrison Dental Group shall be entitled to recover its reasonable attorney's fees incurred in any such action where Morrison Dental Group is the prevailing party. Attorney's fees for debt collection in General District Court shall be capped as follows: up to \$250 for first appearance; up to \$2,500 for non-jury trial; up to \$2,000 for post-judgement collection. Attorney's fees shall not be capped for any actions not specified herein.

### **DENTAL INSURANCE**

Please understand that your insurance policy is an arrangement made between you and your carrier. To avoid any confusion **please make sure your insurance company will allow you to visit us.** Our practice deals with many different insurance plans and thus cannot guarantee that a certain amount of any charge will be covered. Health plans differ and can often cover the same services at different payment schedules. The best way to proceed is to be in contact with your insurance company and understand the details of your plan coverage. We will provide codes for dental services which you can then give to your provider to learn about your coverage and payments.

### **PRE-ESTIMATES AND TREATMENT PLANS**

They are **NOT** final invoices nor do they represent full patient responsibility. Your insurance plan may have exclusions for services, deductibles, patient co-pays, maximum annual coverage amount, and/or waiting periods. A pre-estimate may be sent to your insurance company as a courtesy. It does not constitute full and final payment for any treatment you schedule with our office.

**CO-PAYMENTS, DEDUCTIBLES, AND AMOUNTS NOT COVERED BY YOUR INSURANCE ARE YOUR RESPONSIBILITY**

We collect a co-pay at the time of service. Please note that due to our own contracts with insurance companies **we are unable to waive co-payments or deductibles**. Our practice must accept negotiated charges with some insurance carriers due to existing contracts; however this is not applicable to all insurance companies. Therefore, it is possible that what your insurance carrier deems "customary" and what we charge does not match up. In those cases, the balance is your responsibility unless your insurance company instructs us to write off the difference.

**IF YOU HAVE NO DENTAL INSURANCE YOU ARE RESPONSIBLE FOR THE ENTIRETY OF YOUR BALANCE**

If you cannot pay off the balance in full at the time of your visit, please speak with our office coordinator to discuss CareCredit, or LendingUSA.

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Signature

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Print Name

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Date