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MILLENNIUM PARK PROSTHODONTICS

Financial Policy

We realize that every person's financial situation is different. For this reason, we have worked to provide a variety of payment options to help you receive the dental care needed to enjoy a health and confident smile with respect to your budget.

Dental Insurance

We are happy to file the forms necessary and will do everything possible to see that you receive the full benefits of your policy; however, we cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, patients are directly responsible for all charges.

Payment in full is expected at the time of service. Our office will file a claim with your insurance company, requesting that any available insurance benefit be sent directly to you.

Payment Options

Payment made be made by cash, check or credit card. For your convenience, we have made arrangements to accept payment via Visa, Mastercard, Discover, or American Express.

Payment in full at the time of service is expected for charges less than $400. For services with fees of $400 or greater, ½ payment is due at the beginning of treatment and ½ payment is due at the final appointment. A credit check is required for approval of any payment option.

Payment Plan

For patients who desire a monthly payment plan, we have made arrangements with a finance company. There are no application fees or down payment and the loan can be interest free. Applications are available from our Office Manager and approval is provided quickly. A credit check is required.

Payment in Full

Payment in full is due within 30 days of billing. Balances remaining after 30 days shall bear interest at the rate of 1.5% per month on the balance. If for any reason your account must be handled more aggressively, all attorney fees, court costs and collection fees will be added.

I understand that I am responsible for payment of all services rendered, regardless of insurance coverage or other third party liability. I agree to pay all costs of collection, including reasonable attorney fees and court costs in the event it becomes necessary to pursue the account for collection.

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Signature of Patient (parent, if patient is a minor) Date