

Mountain View Dental

Financial Policy

PLEASE READ CAREFULLY

The following payment options are available to help you receive the dental care you and your family need to enjoy a healthy smile.

1. **Cash or Check** – We offer a 5% courtesy for full-payment with cash or check. This discount is for **non-insured patients only**.
2. **Credit Cards** – For your convenience we accept MasterCard, Visa and Discover cards.
3. **Financing** – We can help you to arrange financing through **Care Credit**. With Care Credit, you may be able to finance for up to 12 months with no interest. Since we are a small business, we are unable to extend in-house credit. Therefore, we do ask for your portion the day we treat you. If you need to spread your appointments out in order to budget your out-of-pocket portion or if you would like to prepay for treatment and schedule when you have enough to cover your costs, we are happy to do that.
4. **Dental Insurance** – If you have dental insurance, we will be happy to process your claims with the following understanding:
 - Because your insurance is an agreement between you and the insurance company, we cannot guarantee coverage. We do our best to **estimate** what they will pay, but they may pay more or less than we originally estimated. You will be sent a statement with any amount not calculated into the original estimation.
 - We do not send statements **unless** you have a balance owing. If you receive a statement in the mail, please open it. (Some patients misunderstand that insurance will always cover everything and throw the statement away without opening it.) If you have questions about your statement, feel free to call Katie at 360-887-1177.

**A \$60.00 per hour fee will be charged for no-shows or late cancellations.
Anything less than two-business days is considered a late cancellation.
Third late cancellation or no show will result in dismissal from our practice.**

Please initial here _____

A \$25.00 bookkeeping fee will be charged for any NSF checks we receive.

I have read the above financial policy and agree to the terms listed.

Signature

Date