

Mint Dental Patient Financial Agreement

We stand strong in our commitment to help our patients achieve ultimate oral health.

**** ALL ESTIMATED FEES ARE DUE AT THE TIME OF SERVICE ****

For our patients with dental insurance:

We will gladly verify your dental benefits and process your primary and secondary claims with the following agreement:

- Your dental insurance is an agreement between you and your insurance company.
- All patients' copayments and/or patient portions are only an estimate/never a guarantee of payment.
- As part of your contract with your insurance company, you are responsible for all out of pocket portions/copayments and deductibles.
- Insurance payments not paid after 90 days will become your complete responsibility and must be paid in full.
- Patient agrees that certain procedures will not be submitted to insurance.

If we are not billing insurance:

- We offer a 5% discount to all mint dental membership plan holders (see pamphlet on membership plan at front desk)

Payment options:

- For your convenience, we accept Visa, Mastercard, cash, and check.
- Care Credit specializes in helping patients finance larger dental or orthodontic cases. No down payment is required, and payments can be made up to 6 months with no interest.

Missed appointments or short notice cancelations:

We understand that your plans and daily schedule can change. When they do, a 24-Hour notice is greatly appreciated when you need to reschedule your appointment. Your account is subject to a 75.00 fee for cancelations less than 24-hour notice.

Guarantee of work:

Mint Dental guarantees its dental work for 24 months after the service has been completed, provided you have maintained 2 regularly scheduled preventive appointments annually.

I have read, understand and agree to all the above. I have been given the opportunity to ask questions. If I have insurance, I hereby authorize my insurance company to pay my dental benefits directly to the doctor. I authorize Mint Dental to release any of my medical information to my insurance company as needed to process my insurance claim.

Signature

Date