



Financial Policies and Insurance Billing Authorization

As a condition of your treatment, financial arrangements must be made in advance. Our practice depends upon reimbursement for the costs incurred on a patient's behalf from the patient and/or the patient's dental insurance carrier. For all services rendered, patient or patient's guardian authorizes Marquis Dental Center to file claims and receive payments directly from patient's insurance carrier. Indicated by signature (below), patient or patient's guardian hereby grants assignment of benefits by his/her insurance carrier to Marquis Dental Center.

For all treatment for which the patient portion is estimated, the patient is responsible for his/her portion at the time of service. Patients with dental insurance understand that this office will prepare claims on the patient's behalf; however, any services for which the insurance company will not reimburse are the patient's financial responsibility and payment will be due upon notification from the insurance company of nonpayment.

Patient accounts with a balance due for greater than 30 days may be assessed finance charges/late fees. Additionally, accounts with a balance due for greater than 90 days may be forwarded to a collection agency for the purposes of collections and credit reporting. Patients agree that in the event of breach of financial agreement, patient is responsible for all costs and fees associated with collection, to include, but not limited to, collection fees and attorney fees. Finally, patients understand that a delinquent account greater than 90 days may result in dismissal from the practice.

Notice for Appointment Cancellations

Part of the success of our practice depends upon strategic scheduling and reciprocal respect for the commitments between Marquis Dental Center and our patients. As we strive to maintain a punctual schedule, patient tardiness may lead to delays in the treatment of other patients and may altogether prevent treatment for patients scheduled later that day.

Additionally, while we understand emergencies may arise preventing you from honoring your commitment to the time set aside for you in our schedule, we ask that non-emergency cancellations occur at least 48 hours in advance. Cancellations without adequate notice may prevent other patients from receiving needed treatment. Repeated cancellations with inadequate notice may be subject to cancellation fees.

Patient Name

Date

Signature of Patient or Guardian

Relationship to Patient