

Office Financial Policy



Minovi Dental
1234 19th St. NW, Suite 400
Washington, DC 20036

Thank you for choosing our office for your dental needs. Our primary mission is to deliver the most comprehensive care with the highest quality to all of our patients. Please initial each section once you have read it.

Payment for treatment is due at the time services are rendered. It is important that the cost of optimal care is affordable and manageable. Therefore we provide several payment options to assist you.

PAYMENT OPTIONS:

1. Cash or Check
2. Credit Cards - We Accept:
 - a. -Visa
 - b. -Discover
 - c. -MasterCard
 - d. -American Express
3. Payment Plan Program

Initial _____

INSURANCE:

The cost of the treatment will be reviewed with you BEFORE any treatment is done. Our insurance coordinator will check your estimated benefits. This information is given to us by your insurance company. The insurance company does not guarantee payment and will only provide an estimate. If your insurance company does not make full payment after treatment is completed, you will be responsible for the remaining balance on your account.

Initial _____

Cancellation Policy:

We strive to provide superior service to all our patients. All of our patients and their time are important to us. In order to accommodate all of our patients in an orderly fashion, our office needs your help. You will receive a CONFIRMATION call at least one week in advance and a REMINDER call the day before your appointment. If you are unable to make your appointment, please notify us 48 hours before your appointment, so your appointment time can be given to another patient. There will be a charge of \$75.00 for broken appointments cancelled within 48 hours, except in the case of an emergency.

Initial _____

Interest Charge:

Any overdue account balance over \$20.00 will accrue 1.8% interest charge.

Initial _____

Collection Charge:

If your account is delinquent over 90 days, it will be turned over to a collection agency. The cost of this will be added to your account.

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Returned check Charge:

There is a \$35.00 charge for all returned checks.

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X-Ray Record Transfers:

Any X-Rays taken at Minovi Dental are subject to a Transfer Charge of \$52.00 upon request of transfer. The Transfer Charge must be paid by the patient before the x-rays are sent out of the office.

Initial _____

Thank you for your patronage. We strive to take excellent care of you.

Signature _____

Date _____