Matrix Dental Group
J. Scott Delaplain, D.D.S. P.C.

6 Municipal Drive
Arnold, MO

63010

General

Dentistry

Phone 636-296-2055

Financial Policy

Thank you for choosing us as your oral health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy which we require you to read, initial and sign prior to any treatment.

Regarding Insurance:

We may accept assignment of insurance as a courtesy to you. However, the balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all of the services provided may be non-covered services. It is your responsibility to know your policy, benefits, and limitations. If your insurance company does not pay within 45 days, the balance will become your responsibility

Initial_____

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Initial_____

Adult Patients:

Adult patients are responsible for payment at the time of service.

Minor Patients:

The adult accompanying a minor and the parents or guardians of the minor are responsible for payments.

Initial_____

Missed Appointments:

We reserve the right to charge for appointments cancelled or broken without 24 hours advanced notice.

Initial_____

Delinquent Accounts:

In the event your account should become delinquent and be assigned to an attorney or collections agency you will be responsible for all attorney and/or collection agency fees.

Initial_____

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns

I, the undersigned, have read, understand and agree to this policy.

Signed X____Date_________________________