



MINSTER DENTAL CARE

P.O. Box 102
Minster, OH 45865
419/628-3380

Payment is expected to be made at the time of service. A minimum of \$2.00 per month or 2% of the total balance finance fee will be assessed on all unpaid balances over 30 days. For some procedures, (i.e. dentures, crowns, partials, etc.) our policy is 50% of the fee is due on the start appointment date and the remaining balance is due on the final delivery appointment. We accept Cash, Check, Visa/MasterCard/Discover or Care Credit.

INSURANCE POLICY

Understanding your insurance coverage can be quite challenging. Our goal is to assist you in maximizing your benefits. We care for patients utilizing many different insurance companies and policies. Each company pays an insurance premium and determines the amount of coverage available. Each plan is slightly different in its covered services. We encourage you to become familiar with your policy benefits exclusions, deductibles, required co-payments and frequency limitations. Your policy may have a yearly/lifetime maximum and would include treatment at our facility or any other dental facility.

A copy of the current dental insurance card must be provided (including the insured's name, group number, ID number, mailing address for claims, etc). If you do not have a dental card, a current completed dental insurance form is needed.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. It is the patient's responsibility to keep MINSTER DENTAL CARE informed of changes in current insurance information including address and/or phone number and change in ID numbers. This will ensure all insurance claim filing and statements can be kept to a minimum.

Our courtesy service to you includes:

1. Filing your insurance within 24 hours of your visit and requesting payment of your benefit to our office.
2. Electronic filing of insurance claims when available.
3. Re-filing your original insurance a second time within 60 days of initial filing, if necessary - a charge will be assessed if multiple filings are required.
4. Following the American Dental Association guidelines for coding procedures and filing insurance.

Our expectations of you as owner of the policy:

1. Payment of fees not covered by the insurance plan at the time the service is delivered. (i.e deductible, co-pays, non-covered services)
2. Understand that the insurance policy belongs to you and that we have no leverage to obtain payment from your insurance carrier.
3. Realize that the insurance payment for some services, use restricted fee scheduled (called Usual and Customary Rates) and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the policy purchased, not our fees or recommended treatment.
4. Taking responsibility for payment if the insurance company does not pay our office within 75 days.
5. Keep our office informed of any changes in your insurance carrier and/or employment.

If we are asked to file an insurance claim to a new carrier that was not updated at the appointment time, a fee will be charged to the patient for each claim. This fee will cover additional administrative time and expense to reprocess said claims.

- **Accident/work injury claims are handled specifically, promptly and in the proper procedure.**

APPOINTMENT POLICY

All office visits are by appointment only. Unscheduled "walk-ins" cause an unfair delay to scheduled patients. Your cooperation will help us to be courteous to other patients already scheduled.

Patients arriving late for appointment will be rescheduled - the day has been scheduled carefully and any patient arriving late affects ALL other patients scheduled for the remainder of the day.

Due to scheduling restrictions within our hygiene department at this time, we will only be able to schedule one recare appointment at a time. We will NOT be able to schedule multiple advance appointments (i.e. two or three appointments for the same patient). This will allow our hygienists to continue to deliver the high quality service our patients have valued in the past. Your attention to this matter is greatly appreciated.

CANCELLATION POLICY

MINSTER DENTAL CARE is pleased to be your dental care provider and hope we can always help you maintain good dental health. Due to this commitment to your health, we maintain a high priority on the time you reserve with us for treatment. We realize situations do occur which makes it necessary to reschedule. We just ask that you give us 24 hours notice so that we may make the time available to another patient. An efficient schedule is necessary in controlling the rising costs of dental services, and we strive to provide a fair service for a fair fee. When a reserved block of time is ignored, it hurts the ability of our office to provide service, and hurts other patients who need same-day care or urgent visits, and are obliged to wait longer than necessary.

We reserve the right to charge a fee for not canceling or rescheduling an appointment 24 hours prior to the scheduled appointment date and time. This fee will need to be paid before future blocks of time may be reserved with MDC. We realize emergency situations do occur, and this will be taken into consideration.

If oral sedation is required for a pediatric restorative appointment, this charge must be paid when scheduling this appointment. This fee will be forfeited should the appointment be missed without notice, or not canceled before close of business the prior day.

Thank you in advance for your cooperation and understanding. Our ultimate goal is to maintain an effective and desirable schedule for all patients and their dental care.

Furthermore, a patient arriving late for a scheduled appointment may be asked to reschedule.

* A parent or legal guardian must accompany patients who are minors (below the age of 18) on the patient's first visit. This accompany adult is required to sign a release for treatment and is responsible for payment of the account.