Metropolitan Dental Care

Financial Policy Agreement

Payment is collected at time of service. To make your payment more convenient for you, we accept cash, personal checks and all major credit cards. In addition, we offer an excellent third party financial payment plan through Wells Fargo and Lending Club Patient Solutions. Any portion of an account balance beyond 90 days incurs a service charge of 1.5% per month. Returned checks incur a handling fee of $30.00.

A WORD ABOUT DENTAL INSURANCE...

If you have dental insurance, please provide proof of benefits and our team will be more than happy to confirm your eligibility and benefits. If you were not issued a card, please be prepared to provide the following information.

- Insurance carrier name, claims mailing address and phone number
- Group/Plan number
- Subscriber name and date of birth
- Subscriber ID Number / SS#

We remind you that your insurance is a contract between you, your employer and the insurance company; not between your insurance company and our practice. We can make no guarantee of any estimated coverage, but we will do our best to see that you receive your maximum benefits. Your bill is ultimately your responsibility should insurance not cover the expected amount due, or if your insurance fails to pay us.

DENTAL CLAIMS...

- As a courtesy, we will file your claim and wait for the estimated insurance payment, but it is ultimately your responsibility to see that the claims are paid.
- We will follow up with your insurance company for claims not paid within 30 days, with a phone call.
- If after 60 days the claim is still not paid, we will follow up with insurance again. In addition, we will contact you and ask for your help in getting the claim paid. We will provide you with a copy of the dental claim including all information given to the insurance company. Please retain in your records and reach out to your insurance carrier.
- If after 90 days the claim is not paid by insurance we will close the claim in our system and the balance due will be requested from you.

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Patient/Guardian Signature Date

DOWNTOWN
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