

Mason & Mason Dentistry

We would like to welcome you to our dental practice and to explain our policy regarding fees. We can better serve our patients when there is complete understanding and mutual cooperation.

1. If you do not have dental insurance, full payment is expected at the time services are performed.
2. Because of increased costs of filing insurance and delays in payment, we are now requiring a down payment, if you have insurance, for certain services the day they are performed. They are as follows: 50% for major dental restorations (crowns, inlays, dentures, partials, implants etc.), 35% for bonded composite fillings, 20% for silver fillings, and 20% for root canal treatments. We accept Mastercard, Visa, Discover & American Express.
3. We will gladly file your primary dental insurance as a service to you. Please understand that we can only estimate what your balance will be after your insurance has paid. You will continue to receive statements while your insurance payment is pending. **Realize that ultimately you, not your insurance carrier, are responsible for the full fee.**
4. If you have two insurance plans, we will be glad to file with your primary carrier. We will also file your secondary insurance immediately after your primary pays. However, if payment is not received within 30 days after the primary pays, we will expect payment in full on your account.
5. A word here about insurance: We will not let any insurance company dictate inferior treatment. We will suggest what we feel is the best treatment for each patient. We do not make treatment recommendations based on what an insurance plan covers or doesn't cover. It is the *patient's decision* whether or not this treatment is what they desire.
6. If you would like to make extended payments, we offer the convenience of a credit account through a lending institution. If this is of interest to you, please let us know before services are rendered. A simple application is required.
7. We reserve time specifically for your appointment. This is done out of respect for your time. We request the same show of respect if you are unable to keep an appointment by giving us 48 hours of notice for cancellations. **If appointments are broken without 48 hours notice, there will be a charge, commensurate with the amount of appointment time that was lost.**
8. Since we have no control over how well you take care of your teeth or what you do with them, we can not definitively predict how long your work will last. The world is not a perfect place! However, you may rest assured that *we will always strive for excellence with any dental care that we provide.*

IF AT ANY TIME you have questions or a concern about any treatment, fee, or service, please discuss it with us promptly and openly. We would greatly appreciate this and will strive to make your relationship with us a pleasant one.

Thank You,

Dr. Ted O. Mason

I UNDERSTAND AND AGREE THAT REGARDLESS OF MY INSURANCE STATUS, I AM ULTIMATELY RESPONSIBLE FOR THE BALANCE ON MY ACCOUNT FOR ANY PROFESSIONAL SERVICES RENDERED. I HAVE READ ALL THE INFORMATION ON THIS SHEET AND HAVE COMPLETED MY PATIENT REGISTRATION SHEET. I CERTIFY THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL NOTIFY YOU OF ANY CHANGES IN MY HEALTH STATUS OR PATIENT REGISTRATION INFORMATION.

*PLEASE PRINT PATIENTS FULL NAME _____

SIGNATURE OF RESPONSIBLE PARTY _____ DATE _____