MOUNTAINSIDE ORAL IMPLANTOLOGY & PROSTHETICS

FINANCIAL POLICY

Dear Patient:

Thank you for selecting Mountainside Oral Implantology as your dental health care office. The information described below covers our Financial Policy. Our primary goal is that you receive the optimal treatments needed to restore and maintain your dental health. Therefore, if you have any questions or concerns about our financial policies, please do not hesitate to ask our office manager.

In our efforts to be nothing but solely focused on patient's individual treatment and care, we have chosen to be a Fee for Service practice and are not contracted with any insurance carrier. We will gladly give you any coding information you need so that you may bill your insurance company for any service we render, but we do not submit claims on your behalf. This allows you to work directly with your insurance carrier to lessen any confusion regarding your benefit coverage.

Payment for services is due at the time services are rendered. We accept cash and for your convenience, MasterCard, American Express and Visa. Please know there will be a 3.75% processing fee added by the credit card company to your total. We gladly accept cashiers checks.

We understand that there may be times you are unable to keep your non-surgical appointment. Please note that **non-surgical appointments**, must be canceled **at least 24 hours in advance**, or you may be charged for missed appointment at the rate of $50/per hour blocked. Please **call as soon as possible if you need to reschedule**. **Surgery appointments are separate, and a separate policy will be discussed at time of scheduling.**

Again, thank you for choosing Mountainside Oral Implantology as your oral health care provider. We appreciate your confidence in our office and the opportunity to serve you.

Patient's Signature: ______________________________ Date: ______________

Guardian's Signature: ______________________________

MOUNTAINSIDE ORAL IMPLANTOLOGY & PROSTHETICS

$300.00 Package

I understand that the $300.00 Package is a reduced fee that includes:

- CT Scan
- Full mouth series/any additional x-rays/Intraoral photos
- Diagnostic casts
- CADCAM Digital scanning
- Chair side screening and examination

This data collection will be used for a comprehensive treatment plan to be established and presented to you. I understand I may need to return for this treatment plan presentation so that I may understand my options.

I understand that this discounted rate is offered with the office as a promotional package, and should I ask for a copy of my CT scan, I will be financially responsible to pay the difference up to $475.00 and complete a record release form for the office to be able to release these records.

Patient Signature: ____________________________ Date:______________