

# Modern Dental Concepts

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## FINANCIAL POLICY

Thank you for choosing Modern Dental Concepts, Inc. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of that mission is making the cost of optimal care as easy and manageable for our patients as possible, by offering several payment options.

**Payment Options:** Acceptable forms of payment: - Cash, Check, Visa/Mastercard

- NO INTEREST<sup>1</sup> Payment Plans<sup>2</sup> from CareCredit

- Allow you to pay over time with NO INTEREST<sup>1</sup>
- Convenient, low monthly payment plans<sup>2</sup> also available
- No annual fees or pre-payment penalties

Please note: Modern Dental Concepts, Inc requires payment at time of service. For patients with dental insurance, we are happy to work with your carrier to maximize your benefits and directly bill insurance for reimbursement of your treatment. As a courtesy to you, we will do our best to estimate your portion due at time of service. Any unpaid balance remaining after insurance reimbursement will be your responsibility. Insurance never guarantees payment and services can be denied for any reason your insurance plan deems necessary.

Modern Dental Concepts, Inc charges \$40 for returned checks. An 18% finance charge will accumulate for any unpaid balances that are over 60 days at the office. A form of payment through a credit/bank card is required to be kept on patient file. Patient understands and agrees to have their balance of \$75.00 or less to be automatically charged to their card on file after all insurance payments have been applied.

In consideration of the service to be provided to the patient, I/we hereby guarantee payment in full of the customer's account in accordance with the financial arrangements made at the time of service/purchase or, if no such arrangements are made, in event of default in payment, reasonable collection agency fees equal to thirty (30%) percent of the delinquent balance and reasonable attorney fees, shall be added to the amount due on the account, plus any applicable court costs.

You expressly consent and agree to Modern Dental Concepts Inc., and their affiliates, agents and service providers may use written, electronic or verbal means to contact you. This consent includes, but not limited to, contact by manual methods, prerecorded or artificial voice messages, text messages, emails and/ or automatic telephone dialing systems. You agree that (your companies name) and affiliates, agents and service providers may use any email address or any telephone number you provide, now or in the future, including a number for a cellular phone or other wireless device, regardless of whether you incur charges as a result.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you deserve.

\_\_\_\_\_  
Patient name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup>If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>2</sup>Subject to credit approval

<sup>3</sup>However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.