

Financial Agreement

Our goal is to provide the highest quality of dental care possible and to have clear communication of our financial policy.

Please read and sign this agreement before Brooklyn Mint Dental agrees to accept assignment directly from your insurance company. This avoids any misunderstandings and facilitates the processing of your insurance claims. If you have any questions, please ask us.

****BROOKLYN MINT DENTAL IS OUT-OF-NETWORK WITH ALL INSURANCES****

It is our office financial policy to obtain your credit card number and authorization to process payment for charges not covered by your insurance carrier.

There are charges for each of the dental services we provide you. Co-payments, deductibles, co-insurance, and charges for dental services are determined by your specific dental care coverage. You are responsible to pay for any co-payments, any applicable dental procedures and cosmetic treatments at the time of each visit.

In providing your credit card information, you authorize payment by credit card for services in the absence of coverage by your health plan including but not limited to co-payments, deductibles, co-insurance, appointment no-show/cancellation fees and all uncovered dental services rendered by Brooklyn Mint Dental.

Please be advised that the credit card on file will automatically be charged for claims not paid by your insurance company after 15 days for any balance due.

While Brooklyn Mint Dental is OUT OF NETWORK with all dental insurances, it is our goal to help you receive the most out of your dental benefits. As a courtesy, we submit your insurance forms for you and allow assignment of benefits to us. As much as it is our goal to help with your insurance reimbursement, we must point out that your insurance is an agreement between you, your employer, and the insurance company. We are not a party to this agreement. Though we can be helpful with your insurance questions, we do not have the authority to make insurance decisions on your behalf. *We are not responsible for the insurance company decisions about payment - this is between you, your employer, and the insurance company. Please take the time to understand your group's dental insurance limitation, maximum, deductible, exclusions etc.*

As a commitment to each other in our provider/patient relationship:

- Our patient concierge will provide you with a complimentary **estimate** of what services will be provided by your insurance. Please keep in mind this in an **estimate**. Our office is not responsible for the outcome of final insurance payment.
- All accounts are due and payable at the time of service. If a procedure requires multiple reservations, payment is required in full at the first reservation.

- We accept most out of network plans that are considered a PPO or “open” plan. Please be sure to read your benefits carefully as we are out of network with all insurance carriers.
- Please inform the patient concierge of all insurance charges, authorization requirements, and address changes. In the event the office is not informed before care is rendered, you will be responsible for any denied claims.
- If your insurance company assigns benefits directly to you, the credit card on file will automatically be charged for claims not paid by your insurance company after 15 days for any balance due when we confirm with your insurance company that your check has been issued.
- In order to take the best care of you, our doctors and team members reserve time especially for you. Please understand that there is a \$100.00 charge for missed or rescheduled reservations within less than a 48 hour window. Patients arriving over 20 minutes late without informing us may be considered a missed reservation and/or rescheduled.
- Parents accompanying their children are responsible for payment. Parents not accompanying their children must put a credit card on file, and sign the financial agreement in advance.

PAYMENT IN FULL OR ESTIMATED COPAYMENT IS DUE AT TIME SERVICE IS PROVIDED UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE WITH BROOKLYN MINT DENTAL PRIOR TO TREATMENT.

We thank you in advance for your cooperation and look forward to taking care of you.