

METROPOLITAN DENTAL CENTERS

Financial Policy Letter

Dear Patient,

We at Metropolitan Dental Centers are proud to be a part of a team whose primary mission is to deliver the finest and most comprehensive dental care services today. In order to assist you with your health care investment, we are providing the following options:

Insurance

We will gladly process your insurance claims, estimate any deductibles, and the portions not covered by your insurance. The estimated amount not covered by your insurance is due at the time of treatment and may be paid by any one of the options listed below. Our estimates are subject to final approval by your insurance company; therefore, the amount due is subject to change.

We attempt to verify your insurance coverage as a courtesy to you and we make estimations of your expected cost based on this information. Unfortunately, many insurance estimates are not always accurate. MDC is not responsible for your insurance company's failure to pay any claim and you will be responsible for all charges that are not paid by your insurance. Any and all unpaid balances are your responsibility.

Initial Payments

Our office requires a deposit of one half at the start of treatment and payment in full once treatment is complete. A down payment is not required with CareCredit monthly payment plans.

Payment Options

1. **Cash**- includes money orders
2. **Visa/MC/AmEx**- we accept credit cards as payment for treatment to the extent your credit limit permits.
3. **CareCredit**- offers a separate line of credit to cover your entire family's dental care needs
 - A credit line can be established and approval usually takes less than 10 minutes.
 - CareCredit has an interest free option
 - There are not any annual or membership fees.
 - Monthly payments as low as 3% of the outstanding balance.
4. **Checks**- Personal checks are accepted. You will be assessed a fee of \$25.00 for returned checks.

We would be happy to work with you to plan the most appropriate arrangements for your budget. Financing your treatment will allow you to begin your treatment immediately and spread the cost over a time period. Any financial arrangements that are not met may be sent to collection agency. Any additional fees, including legal fees, will be your responsibility and will be added to your account.

Sincerely,

Metropolitan Dental Center

X _____

Signature

Date

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