

Houston (713) 347-6833
Dallas (214) 550-7323



Info@mobiledentalassociates.com
FAX-(713) 347-6844

ACKNOWLEDGMENT OF OFFICE POLICIES & FINANCIAL RESPONSIBILITY

Patient Name: _____
First M.I. Last Nickname DOB

PAYMENT

Payment for all services provided by Mobile Dental Associates caregivers is expected at the time of service unless other arrangements have been mutually agreed to beforehand. We accept checks, debit cards, major credit cards(Visa, Mastercard, American Express, Discover), ACH payments, Bank Wires/Transfers, Care Credit, and payments through the Zelle banking app. There will be a 3.75% convenience fee for paying with a credit card or debit card. Any other payment arrangements must be mutually agreeable by all parties prior to the day of treatment and will be secured with a payment method like a Credit Card. If a patient's health situation declines such that it prevents the completion of a multi-visit procedure (Ex: Crown, Bridge, Denture) the amount due will be reasonably prorated for the portion of services that were completed and the expenses incurred to date. If there is a remaining unpaid prorated amount, that amount will be due by the patient, patient's representative. Alternatively, if there is a credit on the account in excess of the prorated charges, a partial refund will be issued.

24 HOUR MISSED APPOINTMENT & NO-SHOW POLICY

When our office schedules an appointment, we set aside and dedicate our chair time, materials, team labor and travel time just for the patient. We simply ask that if the patient must reschedule the appointment, that we are provided at least 24 hours' notice. This courtesy makes it possible for us to offer the reserved time slot to another patient. There is a minimum charge of \$75.00 and \$75.00 per additional hour for failing or cancelling appointments with less than 24hrs notice. *Repeated cancellations or missed appointments will result in loss of future appointment privileges. We appreciate your cooperation and understanding.

INSURANCE

Our practice does not accept Insurance as a form of payment and payment is due from the patient at the time of service unless other arrangements have been made. However, we are happy to file an insurance claim as a courtesy on the patient's behalf. The insurance company, depending on the patient's out-of-network benefits, may partially reimburse the patient for the services they choose to cover. Mobile Dental Associate doctors are OUT-OF-NETWORK providers with insurance companies, but most PPO policies may provide partial payment for some services. Please remember that we are not directly contracted with the patient's insurance company and that contract is between the patient and the insurance company. If the patient has an HMO policy, we can still provide services but there will not be any reimbursement expected from the carrier as HMOs typically require the patient to see an in-network provider. Currently, Medicare does not cover dental services. However there are some Medicare Advantage Plans that offer very Limited Dental Benefits. See <https://www.medicare.gov/coverage/dental-services>.

Consent to Electronic Communications Via Email & Texts

Unencrypted email and SMS texts are not a secure form of communication. There is some risk that any individually identifiable health information and or other sensitive or confidential information may be misdirected, disclosed to, or intercepted by unauthorized third parties. Examples of such communications are, but not limited to appointment reminders, appointment confirmations, patient satisfaction surveys, financial transactions (receipts for payment, statements, account history reports etc), periodic announcements, discounts & specials, seasonal promotions etc. Please indicate your consent below:

1) I consent to the use of email communications: Yes No 2) I consent to the use of SMS Text communications: Yes No

Your signature below indicates your acknowledgement and agreement with our Payment, Missed Appointment, Insurance policies and Electronic Communications Policies described above. Your consent To Electronic Communications can be modified or retracted at any time by notifying us in writing or by email to: contact@mobiledentalassociates.com.

Signature _____ Please Print Signer's Name _____ Date _____
Signer's Legal Authority? Patient(self) Responsible Party Guardian Power of Attorney Conservator _____
Signer's Relationship To Patient? Patient(self) Daughter Son Spouse Mother Father _____