



**Maclean & Jungdahl DMD**  
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### **Office and Financial Policies**

Thank you for choosing our office as your dental provider. We are committed to providing the highest quality dental care to all of our patients. Please read this document in its entirety, as there have been substantial changes to our office and financial policies.

#### **Insurance**

It is the patient's responsibility to provide the office with any insurance policy they would like for us to have on file. We require any and all information to be provided to the office at least 24 hours prior to your appointment. If we do not receive this information within this time frame, we reserve the right to cancel your appointment.

We will file your claims to your insurance as a courtesy to you, but it is the patient's responsibility to follow up on payment, as we are a third party to your insurance contract. Our relationship is with the patient, not with your insurance carrier. We will send a pre-authorization for treatment, but it is not a guarantee of payment by your insurance company. We strive to ensure your insurance estimate is as accurate as possible, though any differences are the patient's responsibility.

Any balances not paid within 60 days by your insurance company will become patient responsibility. We will fully cooperate with your insurance regulations and requests for information in order to facilitate payment of your claim. For those without insurance, we will no longer offer the 10% discount.

#### **Outstanding Balances**

Payment for all dental services rendered is due at the time of the patient's appointment. If you use a debit or credit card to pay for your services, there will be an additional 3% fee in addition to your balance. Any balances on an account will be sent to collections after 90 days, if previous arrangements were not made with the office manager. We reserve the right to refuse scheduling of any patient and / or dismiss the patient due to an outstanding account balance.

#### **Canceled / Missed Appointments**

We require a 48 hour notice to cancel or reschedule an appointment. If there is an emergency, we may waive that fee. If there is a history of missed or canceled appointments in your family, you may be subject to same day only scheduling, or may be dismissed from the practice.

#### **Consent**

I have read, understood, and agreed to the above terms and conditions. I have been given the opportunity to ask any questions and have received the answers I required to understand the above policies.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_