



MORGANTOWN  
DENTAL GROUP

EXCELLENCE IN DENTISTRY SINCE 1927

# Payment Options

## Welcome to a Brighter Morgantown!

Morgantown Dental Group would like to welcome you to the practice. We are committed to providing the best dental care for your particular needs. We will, however, only be able to accomplish this by spending the time necessary to diagnosis and treat your dental needs. This treatment is very important to your health and should not be postponed by financial concerns. We will gladly discuss your proposed dental treatment and answer any questions you might have. We appreciate the opportunity to serve you.

To enable you in proceeding without delay, our office offers several financial options. We encourage you to select a financial arrangement that works best in your budget. For your convenience, we offer the following financial arrangements for your dental treatment. Morgantown Dental Group wishes to make dentistry affordable to everyone and we hope you choose to make use your dental home.

## Payment Options

**We accept cash, check, Visa, Mastercard, and Discover.**  
We gladly accept insurance, but require that the deductible and non-covered fees be paid at each visit. In the event of duplicate payment, your account will be credited or you can be reimbursed. If you have dental insurance, we will do our best to estimate your portion of the payment. This portion will be collected at the time of services. As a courtesy, we will file your insurance.

Alternate financing, such as Care Credit is accepted. We are happy to explain such financing and help you in filling out an application. Credit approval is required.

We gladly accept any patient regardless of their insurance provider. We are not, however, "preferred providers" for any particular insurance company. Payment for patients with this type of insurance is due at the time of service, and the insurance will reimburse the patient.

### DENTAL INSURANCE:

I understand my dental insurance is a contract between the insurance carrier and myself, not between Morgantown Dental Group and the insurance carrier. As such, I understand that I am responsible for the full amount of all dental treatment incurred. Any payments received by Morgantown Dental Group from my insurance carrier will be credited to my account or refunded to me if I have paid the dental fees incurred.

### FINANCIAL RESPONSIBILITY:

*I/We agree and personally guarantee, in consideration of services and materials provided by Morgantown Dental Group, to be responsible for payment in full of the dental bill. In the event that this matter is turned over to an attorney for collection, I/We agree that I/We shall pay twenty-five percent (25%) attorney's fees, interest on the unpaid principle balance at the right of eighteen percent (18%) per annum and all costs.*

Responsible Party's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_