MILPITAS DENTAL CENTER
FAMILY DENTISTRY

Our Office Policies

1101 South Park Victoria Dr, Milpitas, CA 95035 · (408) 263-9343

WELCOME to Milpitas Dental Center. It is our pleasure to have you as our patient. Our commitment is to provide you with the best possible dental care and to keep you informed of treatment recommendations and financial obligations.

If you have dental insurance, we will be glad to help you to receive your maximum allowable benefits.

The following is our office payment policy:

Payment is due at the time services are rendered. We accept Cash, Checks, MasterCard, Visa, Discover & American Express. We also offer outside financing through Capital One Plan. Please ask one of our staff members about these options.

If you are a patient with insurance, it is important to remember that your insurance plan is a contract between you, your employer, and the insurance company. The contract is in no way a binding obligation between the Dental Insurance Company and Milpitas Dental Center.

After your initial exam you will receive a treatment plan which estimates your portion of payment. If we estimate and collect your co-payment and the insurance underpays or denies a benefit, you are responsible for the remaining balance.

Not all services are covered in all insurance contracts. Insurance companies arbitrarily select certain procedures they do not cover, based upon the premium/contract arranged by your employer.

Please remember that you are ultimately responsible for your payment. Your insurance company does not attempt to cover all your dental expenses. It is your responsibility to pay any deductible, co-insurance, or any balance which is not paid by your insurance company.

In order for us to help you process your insurance claim for your reimbursement, please bring all insurance information with you. Also, please call your dental insurance carrier to expedite claims if a claim is not paid within 30 days, as the law requires.

Returned checks and outstanding balances over 60 days are subject to collection fees and an interest rate of 1.75% per month. There is also a $35 missed appointment or short notice cancellation fee without 48 hours notice. Missed or broken appointments for Saturday will be charged a $50 fee. Please remember that the staff sets aside a designated amount of time for your particular type of treatment. If you miss two scheduled appointments without notifying our office, you will be dismissed. We appreciate your understanding of how important keeping appointments are to the doctor and our other patients.

We hope by presenting our policies to you in the beginning, we will avoid any misunderstanding and, therefore, have more time to dedicate to your dental care. If you have any questions regarding the above information or insurance coverage, please do not hesitate to ask... we are here to help!

Patient name (print) _____

Signature _____ Date _____

Type your full name, or sign by hand after printing.