



# Mission Dental Implant Center and Peridontal Care

AL MANESH, D.M.D., INC.  
PERIODONTIST

## INSURANCE AND FINANCIAL POLICY

- COMPUTER-AIDED IMPLANT PLACEMENT
- PLASTIC PERIODONTAL SURGERIES
- COSMETIC GUM SURGERIES
- IMPLANT DENTISTRY
- PERIODONTAL CARE
- BONE GRAFTING
- CT SCAN

AMERICAN ACADEMY OF  
IMPLANT DENTISTRY

FELLOW, INTERNATIONAL  
CONGRESS OF ORAL  
IMPLANTOLOGISTS

AMERICAN ACADEMY  
OF PERIDONTOLOGY

ACADEMY OF  
OSSEOINTEGRATION

AMERICAN  
DENTAL ASSOCIATION

ORANGE COUNTY  
DENTAL ASSOCIATION

*“Creating  
aesthetic  
excellence”*

At Mission Dental Implant Center, we believe that you deserve the best care. That is why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients; some have dental benefits, some do not. If you have dental benefits-congratulations! You are very fortunate. Here are some important things you should know:

**Your dental benefits are based upon a contract made between your employer and insurance company. If you have any questions regarding your dental benefits, please contact your employer or insurance company directly. Dental benefit plans will never pay completely for your dental care-they are only meant to assist you.**

We currently accept all private care insurance plans and most managed care plans. This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore, it is impossible to give you a guaranteed quote at the time of service. We “estimate” your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your exact insurance benefit, we will be happy to file a “Pre-Treatment Authorization” with your insurance company prior to treatment. This does delay treatment, but it will give you the more exact out-of-pocket figure that you may require. Even with a pre-treatment authorization on file, insurance companies still stress that **every claim is subject to review upon completion.**

**We bill your insurance company as a courtesy. If your insurance does not pay within 90 days, Mission Dental Implant Center reserves the right to request payment in full from you, and let you collect the insurance funds that are due. This is rare, but it is important that you recognize that the insurance you have is a legal contract between YOU AND YOUR INSURANCE COMPANY. Our office is not, and cannot be, a part of that legal contract. Dental x-rays may need to be taken during your appointment in order to properly diagnose your treatment, regardless of whether x-rays were taken at your general dentist’s office. Our office will try to maximize your insurance benefits for any x-rays taken, but if your insurance company does not pay for them, you will be responsible for the balance. Ultimately, you are responsible for all charges incurred in our office.**

Mission Dental Implant Center requires payment in full for your portion of the balance at the time of service. We accept American Express, Discover, MasterCard, Visa, cash, and checks (for existing patients with established payment history). If you are in need of an extended financing option, we also offer Care Credit, which is a 12-month interest-free payment plan. Care Credit also has a longer term plan with an interest-bearing revolving charge designed to meet your treatment plan needs (upon approved credit). Just ask one of our Patient Services staff for an application.

**Broken Appointments: A specific amount of time is reserved for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least a 72-hour notice for all surgeries to avoid a cancellation fee of \$150 (covers the cost of materials prepared for your surgery). Additionally, due to the limited amount of time our hygienist is in the office, we require at least one week notice to cancel or change a hygiene appointment to avoid a \$50 broken appointment charge.**

We welcome you to our family and look forward to helping you get the healthy, beautiful smile you have always wanted. If there is anything we can do to make your visits here more pleasant, please don’t hesitate to ask one of our staff members.

Print Name: \_\_\_\_\_

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