WELCOME TO MCDC
Thank you for allowing us to provide your dental care.

APPOINTMENT CONFIRMATION

Appointment confirmations may be sent by voice message, text message, or email. We require a confirmation response prior to your reserved appointment, or we will not hold the appointment. Please bring your insurance card(s) and a valid photo ID with you to each appointment. It is your responsibility to notify the center of changes in your name, mailing address, phone number used for reminders, email, or insurance. Failure to do so can result in you owing payment in full.

BROKEN APPOINTMENT/CANCELLATION POLICY

At MCDC, we require at least 24 hours' notice if you need to cancel or reschedule. A missed appointment includes failing to arrive for a scheduled visit or providing less than 24 hours' notice. If you miss two appointments, you will no longer be eligible to reserve appointments.

MINOR & GUARDED ADULT PATIENT APPOINTMENTS

MCDC providers are required to discuss and obtain permission BEFORE providing treatment to all minor patients. (Children under the age of 18). Legal guardian must be present in the center throughout the duration of the appointment, or a consent form is available and can be signed to authorize another adult permission to accompany at visit.

BEHAVIOR

For the sake of all individuals involved, civil behavior with proper respect, courtesy and manners must be maintained and observed. There is also a zero tolerance for alcohol, drugs, smoking, or weapons on MCDC property. Individuals who use foul language, display threatening or violent behavior, or do not comply with our zero-tolerance policy, will be immediately dismissed from all MCDC centers. In an effort to better serve you, cell phone use is not allowed beyond the reception area. MCDC does not permit any kind of electronic surveillance in patient care or public areas. This includes taking pictures, recording audio, or making videos without prior written consent.

FINANCIAL POLICY NOTICE AND DISCLAIMER

At MCDC, our priority is to deliver exceptional care and service to all our patients. We believe it's essential for you to have a clear understanding of our financial policies. Should you have any questions, please feel free to ask any of our staff members for clarification. Thank you for choosing MCDC.

Personal Payments
Patients are responsible for their charges at the time of reservation of appointment. We accept major credit/debit cards (Visa, Master Card) cash and checks with personal identification. We also partner with Care Credit and offer both extended payment and interest free options upon approval through Care Credit. Please feel free to request more information about this option.

Additional Information
There will be a charge of $25 for each invalid or NSF check. Past due accounts will be turned over to a collection agency, which may result in additional fees incurred.

Insurance Coverage
Due to the many changes in insurance policies, if we cannot verify your insurance is active and billable at the time of your appointment, we will require payment in full out-of-pocket before rendering services. We urge you, as the patient, to please check with your insurance company PRIOR to any treatment being performed. Please understand your insurance coverage is a contract between you and your insurance company. You are responsible for any portion of your bill not covered by your insurance. We will bill your insurance company for services performed and provide any necessary documentation.

Financial Assistance

MCDC treats patients regardless of insurance or financial status. For those who are uninsured, we offer assistance in the form of a sliding scale discount called My Dental Plan (MyDP) based on verifiable household income. Our staff will be happy to provide you with an application. Once approved, all subsequent services will be based on those fees; qualification is not retroactive to previous services.

Agreement

I hereby authorize MCDC to release all information necessary to secure the payment of benefits. I authorize the use of my signature on all insurance submissions. I also authorize the use of this signature to furnish all medical records pertaining to the treatment. I further authorize payment directly to MCDC for the services performed.

Patient's First Name _____

Patient's Last Name _____

Patient's Date of Birth _____

Name of Parent or Guardian (if patient is a minor) _____

Patient/Guardian Signature _____

Date _____