

Davidson Family Dental  
2624 Commercial Way, Ste C  
Rock Springs, WY 82901  
307-362-4005

## **Medicaid Patient Financial Policy**

**Patient's Name:**

**Patient's Medicaid ID#:**

If you are a Medicaid patient your eligibility status will be verified before each scheduled appointment. Without verification of coverage, you will be responsible for the full/entire balance of your account. As a courtesy to you, your account will be billed to Medicaid, when we receive all necessary information. If you elect to have a procedure done, that Medicaid does not cover, you are responsible for all non-covered portions.

Payment for non-covered benefits will need to be paid before the procedure is performed. No treatment will be rendered until payment is received.

Medicaid only pays for specific procedures based on **age** and **eligibility**. The list of coverage procedures for an adult on Medicaid is very limited. For 21 years and older, Medicaid **does not** pay for **fillings, dentures or crowns**.

### **Missed Appointments**

We cannot bill Medicaid for **MISSED APPOINTMENTS**, however we do report those missed appointments to their office. We will bill the patient directly at \$50.00, for each appointment that is missed. That balance will need to be paid before we will continue treatment.

**I understand that I am responsible for all debts incurred that are non-covered benefits by Medicaid.** If my account is assigned to a collection agency, I understand that I am responsible for all attorney fees, court costs or delinquency fees that may be incurred during the collection of my debt. I understand that the delinquency fee will be equal to 50% of the principal amount owed.

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Responsible Party signature  
Date