

ARROYO CENTER FOR AESTHETIC DENTISTRY

FINANCIAL POLICY

We would like to welcome you to our office and thank you for choosing us as your health care provider. We take that responsibility very seriously; therefore we have in place specific financial policies, which permit our staff to focus on patient care as opposed to acting as a billing service. Having these policies also allows us to control our costs and in turn, control the fee you pay for care.

Payment for professional services is due at the time of service. For your convenience we accept cash, checks, debit cards and major credit cards (Visa, MasterCard, Discover and American Express). We also accept CareCredit, please ask staff for details.

REGARDING INSURANCE

We will always do our best to help you maximize your benefits. Although we file claims for you as a courtesy, your dental insurance policy is a contract between you, your employer and your insurance company. We are not a party to that contract (we are not a participating provider.) Your treatment plan is individually tailored, and is not based on your dental insurance benefits or lack of benefits. Not all services are covered benefits in all contracts. It is your responsibility to thoroughly understand the coverage and exceptions of your particular policy.

As a courtesy to all of our insured patients, we will file your dental insurance claim forms. In some circumstances, a particular insurance company’s benefit check can be sent directly to our office. In such cases, you are responsible at the time of treatment for your co-insurance portion. Any payments made directly to you by your insurance company on unpaid balances should be forwarded immediately to our office so that your account can be credited accordingly.

Your claim will be filed immediately, and benefits are expected to be paid within 30 days. The filing of an insurance claim does not relieve you of timely payment on your account. If the claim is not cleared by your carrier in 45 days, the unpaid portion will automatically become “self-pay.” You are responsible for any amounts your insurance company chooses not to pay, for whatever reason. Please feel free to contact your insurance company regarding unpaid benefits. We will gladly provide you with all pertinent information you may need.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients. We charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company’s arbitrary determination of usual and customary.

MISSED APPOINTMENTS

Please help us better serve you by keeping scheduled appointments. We kindly request 48 hours notice for all cancellations. We reserve the right to charge a fee for all appointments missed or cancelled without 48 hours notice. The length of the appointment and procedures scheduled will determine this fee.

Thank you for taking the time to read our financial policy.

I, _____ have read, understand and agree to adhere to Arroyo Center for Aesthetic Dentistry’s Financial Policy.

Signature _____ Date _____