

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

AffableCare Dental is committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our FINANCIAL POLICY is important to our professional relationship. Please ask if you have any questions about our fees, FINANCIAL POLICY, or your responsibility. It is important to AffableCare Dental that our patients are able to comfortably afford dental care. We proudly offer many options for you to decide which payment option is best for your needs.

- ❖ **ALL PATIENTS MUST COMPLETE OUR “PATIENT INFORMATION FORM” BEFORE SEEING THE DENTAL PROFESSIONAL.**
- ❖ **FULL PAYMENT IS DUE AT THE TIME OF SERVICE**
- ❖ **WE ACCEPT CASH, MASTER CARD, VISA, DISCOVER, AMERICAN EXPRESS, AND CARE CREDIT.**
- ❖ **AFFABLECARE DENTAL PROVIDES INSURANCE COMPANY BILLING AS A CURTESY TO OUR PATIENTS. THE PATIENT PORTION OF PARTICULAR DENTAL SERVICE(S) IS ESTIMATED AND DUE AT THE TIME OF SERVICE.**

#### **ADULT PATIENTS**

Adult patients are responsible for full payment at the time of service

#### **MINORS ACCOMPANIED BY AN ADULT**

The Adult accompanying a minor, his/her parents or guardians, are responsible for full payment at the time of service.

#### **UNACCOMPANIED MINORS**

The parents or guardians are responsible for full payment at the time of service. Non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, or to Visa, Master Card, American Express, and Discover.

#### **INSURANCE**

AffableCare Dental provides insurance company billing as a *courtesy* to our patients. The patient portion of particular dental service(s) is estimated and due at the time of service. This amount may be subject to adjustment when the dental service(s) claim(s) are adjudicated by the insurance company. In addition, certain insurance companies have annual limitation for the amount of dental services that can be reimbursed within each plan year. If you or your family exceed these annual limitations in any plan year, you will be responsible for monitoring the amount of his/her remaining benefits for any annual benefit period. The patient may not rely upon any information provided by AffableCare Dental Staff regarding his/her remaining benefit in any such benefit period.

The claims we submit to insurance companies indicate that you have assigned those benefits to AffableCare Dental. However, if you are paid by the insurance company instead of AffableCare Dental, you then become responsible for the total account balance and payment would be expected immediately.

If you or your family has more than one dental insurance program, we will assist you in obtaining the maximum benefits available.

You as a patient are always responsible for any charges that are not covered by your insurance.

#### **MEDICARE/MEDICAID/CHAMPUS/WORKERS COMPENSATION**

If you are covered by Medicare, Medicaid, Champus, Worker’s Compensation or any other government sponsored program, please discuss your payment situation with our office staff prior to arriving at the office on the date of service.

#### **DELINQUENT PAYMENTS**

It is our policy to charge finance fees at 1.5% for outstanding patient balances after the balance has been outstanding 30 days. In addition, all payments returned due to non-sufficient funds will be subject to a NSF fee of \$37.00 dollars.

#### **APPOINTMENTS**

We reserve time specifically for you, it is vital that we receive appropriate notice for cancellations. If you find that you are unable to keep an appointment, please call our office at least 48 hours, or no-show appointments will be charged a fee of \$50.00 per hour of the missed appointment. For larger, more extensive appointments, a 20% reservation fee will be collected at the time of scheduling. The amount collected will be applied to your treatment balance. We understand circumstances may arise but if an appointment for larger cases is cancelled or not rescheduled unfortunately the 20% cannot be returned. Due to the expenses we acquire in preparing for larger cases puts a financial burden on the practice.

**Thank you for understanding and accepting our FINANCIAL POLICY. Please let us know if you have any questions or concerns!**

Patient/Guardian \_\_\_\_\_ Date \_\_\_\_\_