

POLICY STATEMENT

The patient is responsible for all costs of dental treatment; Insurance claims are filed as a courtesy. It is the policy of this practice to view the professional services provided as having been charged to the patient, not to an insurance company. Payment in full for services rendered is expected at each visit if you do not have insurance. If you do have dental insurance, IN ALL INSTANCES you will pay the estimated patient balance or co-payment at each visit. If you wish to file your own insurance, payment in full will be required at the time of service.

DENTAL INSURANCE

Even though an insurance claim has been filed, a statement for the outstanding balance will be sent to you each month. This office cannot accept the responsibility for collecting a past due insurance claim or for negotiating a settlement of a disputed claim. You are responsible for the payment of your account. We advise that you contact your insurance company to make sure they are paying your claims on a timely basis.

INTEREST

A 1.5% interest charge will be applied to ALL balances over 31 days past due. If you have dental insurance, again we advise you contact your insurance company to make sure they are not delaying payment of your claim.

APPOINTMENTS

We request that if an appointment needs to be rescheduled, 48 hrs notice must be given. Missed appointments (NO SHOWS) are subject to a \$50.00 charge.

PAYMENTS

We accept cash, check, MC/VISA, and dental charge cards. If you are interested in applying for a dental credit card, circle (YES), and request an application at the front desk.

RETURNED CHECKS

A \$50.00 charge will be applied to all returned checks.

THE UNDERSIGNED DOES HEREBY REQUEST AND GIVE CONSENT TO DR. GARCIA TO PERFORM DENTAL SERVICES ON:

Print name: _____

I DO HEREBY UNDERSTAND THE ABOVE PAYMENT CONDITIONS AND ACCEPT RESPONSIBILITY FOR PAYMENT OF TREATMENT COSTS & AGREE TO PAY THE ENTIRE BALANCE IN ACCORDANCE W/ THE POLICY STATEMENT ABOVE. I AGREE ALL AMOUNTS UNPAID ARE MY RESPONSIBILITY.

Sign: _____ date: _____