



C A B R E R I A

COSMETIC, IMPLANTS AND RECONSTRUCTIVE DENTISTRY
PROSTHODONTIST

FINANCIAL POLICY

Thank you for choosing us as your health provider. Please understand that payment of your bill is considered a part of your treatment. We feel that the best dental relationship exists when definitive financial arrangements have been established. We require that you read and sign this "Financial Policy" prior any dental treatment is initiated.

- ⊕ **FULL PAYMENT IS DUE AT TIME OF SERVICE**
- ⊕ **WE ACCEPT CASH, CHECK AND MOST OF MAJOR CREDIT CARDS**
- ⊕ **WE OFFER SELECTED (Care Credit) PAYMENT PLANS ON MAJOR TREATMENTS**

Insurance

We accept most types of dental insurance, but not all. Please ask whether or not we accept your dental insurance and what procedures/treatments are not covered. As a service to you, free-of-charge, we file your insurance. However, we do require you're deductible or co-payment be paid at time of service. **The balance is your responsibility whether your insurance company pays or not.** We cannot bill your insurance company unless you provide us all the correct and necessary information. Your insurance policy is a contract between you and your insurance company. Please be aware that some, and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under your Insurance Company Program. **Payment is expected at the time of service.**

Usual and Customary Rates

Our practice is committed to provide the best treatment for our patients and we charge the usual and customary fees as specialist for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed / Broken/ Cancellation Appointment

We operate our practice on a controlled appointment program. We do not overbook or overload our schedule. Please contact our office during business hours (Monday thru Thursday 8:10 am to 5:00 pm and Friday 8:00 am to 12:00 pm) if you encounter any problems in keeping your appointment. Our office will make every possible effort to provide you with a new appointment as soon as the office's schedule allows it.

If an appointment is broken or cancelled without the appropriate notification (within less than 24 hours and/or outside business hours) you will be charged a fee based upon the amount of time reserved for you, and/or a cancellation fee. Cancellation/s appointment/s cannot be accept outside of regular business hours, and MUST be arranged by our office staff.

Open Accounts / Late Charges

All payments are due in full by the 30th of each month. Financial statements are mailed by the 20th of each month. All balances not paid after ninety (90) days are subject to a monthly administration fee, until the account balance is paid in full. Collection accounts are subject to administration collection charges.

Collection Costs

Any account not paid in full after ninety (90) days will be flagged as "**Delinquent Account Status**" until full payment is received. "**Delinquent Accounts**" will be turned over to our attorney for collection, as well as to the credit bureau reporting agencies. All legal interest and cost incurred to collect past due accounts, including, but not limited to, court costs, collection costs and attorney's fees, shall be paid by the patient.

X _____ X _____ X _____
Print Patient's Name *Signature of Responsible Party* *Date*