

FINANCIAL POLICY

Preventive and basic treatments are payable the day professional services are rendered; major treatments may be paid in two parts, the first one due the day we start the work and the second one at the delivery appointment.

I. CASH/CHECK PRE-PAYMENT DISCOUNT.-

If you have no insurance or have almost no coverage for major dental procedures and you elect to pre-pay your entire treatment with either cash or check , provided the treatment plan exceeds \$1000.00 we will make a 5% bookkeeping discount.

II. TRADITIONAL INSURANCE.-

Please remember that the patient, not the insurance company is ultimately responsible for payment of professional services. As a courtesy to our patients we may file the claims to the insurance company and wait up to a month to get payments from them; after that period of time patients will be billed.

Please do not forget dental insurance is always a co-payment benefit and that the percentage coverage that an insurance company says it will pay for a procedure is a percentage of the fee schedule of the insurance company, not a percentage coverage of our fees. Our fee levels may be higher than the insurance companies fee schedule.

Also please remember that the amount of your insurance company's payment is determined by the level of coverage purchased for you by your employer.

Finally , there are hundreds of dental insurance policies and we are unable to know about every individual dental plan; what we do as a courtesy to our patients is verify patients benefits with the insurance companies before patients come to our office and inform them about it. In an effort to avoid confusion, we recommend that you become familiar with your own policy.

This office will attempt collection on any balances pending for a period of 60 days. If after this period of time and reasonable efforts we are unable to do so we will refer this account to a collection agency.

If you have any questions do not hesitate to ask us and we will always try to help you.

III. TREATMENT PLAN.-

We give our patients a treatment plan with an estimate after the initial exam and treatment plan consultations are completed. The treatment fee quoted is valid for six months.

IV. CANCELLATION POLICY.-

We can only successfully treat you if you keep scheduled appointments. Dr. Fuentes reserves the time for individual patient care. We ask a minimum of 48 hours notice be given for appointment changes. If any appointment is changed or broken without 48 hours notice we reserve the right to charge \$70.00 per half an hour of doctor's time scheduled and \$55.00 per hour of hygienist scheduled time wasted. Rescheduling of treatment appointments broken without 48 hours notification will not be possible until full payment for the procedure is received.

V. RETURNED CHECKS.-

There is a \$25.00 fee charged for returned checks.

Thank you so much for your trust and expression of confidence. Please feel free to discuss any questions with us, remember we are here to help.

Agnes B. Fuentes D.D.S.

PATIENT'S SIGNATURE

DATE