Prestonwood Dental
We're All About Smiles

Financial Policy

Shweta G. Daftary, DDS

Thank you for choosing Prestonwood Dental as your dental care provider. To help you achieve optimum dental care and make it financially comfortable, our office offers various **payment options**. Our patients appreciate knowing approximately what financial responsibilities they would incur for their dental treatment. Therefore, we inform our patients about our financial policies and options before we begin any treatment. The following is a **statement of our financial policy,** which we require that you read and sign prior to receiving dental treatment.

In consideration of the services to be rendered to the patient, the undersigned (as parent, guardian, spouse, guarantor, agent or as the patient) individually promises to pay the patient account balances as per this policy.

1. **Full payment** is due at the time of treatment, unless other financial arrangements have been made with our office.
2. **Payment method:** Payment is accepted in Cash, In-state checks with valid driver's license or Credit cards.
3. **Payment responsibilities of minor patients:** Adults accompanying minor patients are responsible for full payment at the time of treatment. For unaccompanied minors, charges will have to be pre-authorized to an approved credit plan, approved credit card or pre-pay by cash or check at the time of treatment.
4. **Missed appointments:** We prefer that before you cancel a scheduled appointment; please inform us ASAP, but at least 24 hours in advance. This would avoid applying a cancellation charge of $50 to your account, and also enable us to offer the time previously reserved for you to another patient.
5. **Dental Insurance:** <u>If you have dental insurance, please read the following facts carefully.</u>
   a) Dental insurance is a contract between you and your insurance company.
   b) As a courtesy to you, we will be glad to file your treatment with your insurance company.
   c) Please be aware that we are only capable of approximating your portion of payment, based on the estimate of benefits that we receive from your insurance company.
   d) Most insurance companies will not cover 100% of all dental expenses. It will be your responsibility to pay the deductibles, co-pay or any other balance in full at the time of service, if not paid for by your insurance company.
   e) All accounts with insurance claims filed by our office are DUE IN FULL within thirty (30) days of billing or ten (10) days after payment, whichever comes first.
   f) It will be your responsibility to resolve, benefit reductions or non/under-payment by your insurance company.
   g) Insurance companies may try to dictate the treatment by considering some services to be unreasonable or unnecessary. In any event, you as a patient will be responsible for all the charges for the services provided at our office, which may not be paid for by your Insurance Company.
   h) Our practice is committed to providing the best treatment for our patients. We charge what is usual and customary based on our services provided in our area. You are responsible for any charges, regardless of the insurance company's arbitrary determination of usual and customary, rates. Pre-certification and Pre-determination of a dental insurance benefit is primarily patient's responsibility.
   i) If you do not carry dental insurance, payment in full is due at the time of service.
6. **Payment by appointment:** For larger treatments, we can divide the total treatment cost by the number of total appointments. This will enable you to pay for your treatment in smaller installments, thereby allowing you to manage your personal finances efficiently while receiving the needed dental treatment.
7. **Pre-pay discount:** A 5% discount will be given to large treatment plans, if the entire payment is made at the beginning of the treatment. (Some restrictions apply, please see our Financial Coordinator)
8. **Returned checks & Finance Charges:** Any account not paid in full as specified above will be referred to a third party for collection with all reasonable collection fees and any interest/finance charges allowed by the state law at the fullest extent. Our office is a reporting member of a national credit bureau. Payment for returned checks will only be made by either cashier's check or cash with an additional $30 processing fee for each returned check. Should litigation ever become necessary for collecting outstanding debt, you, the patient, will agree to pay all court cost and attorney fees.

I have read, understood and agreed to this financial policy presented by Shweta G. Daftary, DDS dba Prestonwood Dental.

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(Print name) **(Signature of patient / responsible party)** **(Date)**

Thank you for reviewing and acknowledging our financial policy. Please let us know if you have any questions or concerns regarding this policy.

(Please Turn Over)