

FINANCIAL POLICY

Thank you for choosing us as your provider for dental services. We are committed to your successful treatment. Please understand that payment of your bill is considered a part of your treatment and we are committed to your treatment being successful. The following is a statement of the financial policies of Todd W. Garcia, DDS, which we require you to read and sign prior to initiating any treatment.

All patients must complete our information and insurance forms before seeing the doctor.

Regarding Insurance

We will make every effort to verify your dental insurance benefits before your scheduled appointment. Please be aware that the information we receive from your insurance company is only an estimate and actual benefits may vary.

We will file your insurance claim payable to our office. We do require your portion of the bill (also known as co-payments) to be paid at the time of service. Usually dental insurance coverage for the comprehensive exam, periodontal evaluation, and x-rays is payable at 100%. However, if a balance remains, the patient is responsible for the payment.

Emergency patients who are new to our practice are required to pay in full for their first visit if they do not have insurance. We will file your insurance claim payable to our office. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and/or necessary under your insurance.

Forms of Payment

We accept cash, personal checks, MasterCard and VISA.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what we feel is a fair fee for the services rendered. You are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients

The adult, parent, or guardian accompanying a minor is responsible for full payment of services. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved Visa or MasterCard, or payment by cash or check at the time of service has been verified.

Missed Appointments

We understand that schedules sometimes change with short notice, but we request the courtesy of 24 hours notice if you need to cancel an appointment. **We reserve the right to charge \$50.00 to \$100.00 per hour for missed/broken appointments.** Please help us serve you better by keeping your scheduled appointments.

Interest

We reserve the right to charge interest on any unpaid balances over 90 days in the amount of 1.5% (18 APR) as provided by state law.

Service Fee

Any accounts that are not paid by the agreed upon date will incur a \$25.00 service fee.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. By signing below, I am indicating that I have read and understand the Financial Policy of Todd W. Garcia, DDS and that I agree to abide by these policies as dental services are provided to me and any member of my family.

Signature of Patient or Responsible Party

Date