



Welcome to Aliana Family Dental. We are happy to have you as our patient and look forward to offering you and your family the finest dental care available. We know that providing complete comprehensive dental services includes discussing all treatment and financial information.

Before treatment is performed, we will discuss treatment and financial options. This will allow you to fully understand your dental treatment, what to anticipate in fees and allow you time to make the necessary financial arrangements.

Payment is due at the time services are rendered. For your convenience we accept cash, checks, Visa, MasterCard, Discover, American Express, money orders or registered checks.

EMERGENCY PATIENTS:

Emergency clients, new to our practice, should expect to make a payment at the time of service. Once established as an active patient, we will be happy to discuss other payment options.

DENTAL INSURANCE:

Insurance benefits are determined by your employer, not your dentist. Your insurance policy is a contract between you and your insurance company. Your insurance coverage and benefits are your responsibility. Insurance is not a guarantee of payment; it often does not cover all the costs involved in treatment. We cannot render services on the assumption that our charges will solely be paid by an insurance company. As a courtesy, we will be happy to file your claim for you if you present your dental insurance wallet card and all required employer information. You will be expected to pay for services rendered if this office is unable to verify your insurance information before treatment.

Any deductible or estimated co-payment amount will be due at the time of treatment.

ACCOUNT BALANCES:

If payment for services already rendered has not been paid in full within 45 days, either by you or your insurance company, the remaining balance for your treatment is considered due and must be paid by you. A service charge of 1.5% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial agreements are satisfied. I understand that the fee estimate listed for this dental care can only be extended for a period of three (3) months from the date of the patient examination and may change at any time according to contracted fees with your insurance company.

APPOINTMENT CANCELLATION POLICY:

Appointments are reserved exclusively for you. As a benefit to you, our valued patient, we may offer to move your appointment to an earlier time if an opening arises. If an appointment is not cancelled at least 24 hours in advance, or if you fail to keep your appointment, you will be charged a seventy-five-dollar (\$75) fee. Any missed appointment 2 hours or more in length will incur a one hundred and fifty-dollar (\$150) fee. This fee will not be covered by your insurance company.

PAYMENT PLANS:

Payment plans and financial arrangements *may* be available for comprehensive dental treatment. Please speak to us to make arrangements prior to commencing treatment.

I have read and understand this financial policy.

Patient/Guardian Name (please print)

Patient/Guardian Signature

Date