A&S DENTAL GROUP
COSMETIC & GENERAL DENTISTRY

FINANCIAL POLICY

Thank you for choosing A & S Dental Group for your Dental Care. We are committed to providing you with excellent dental care. Your trust is very important to us, so our goal is to make sure you fully understand your treatment needs and financial responsibility before treatments begins. We will be sensitive to your financial circumstances and do everything possible to help you achieve oral health.

PAYMENTS

Our office policy requires full payment, or your estimated portion is due at the time of service. Checks that are returned to our office from your financial institution are subject a $50.00 returned check fee. This fee covers the processing fees that are charged to our office.

We accept the following forms of payments: Cash, Check, Visa, MasterCard, Discover and American Express. We offer Lending Club, patient payment program which can offer interest free payments. These companies charge A &S Dental Group a fee upon authorization of payment for interest free customers, which is **NOT** paid by you, the patient. However, if you decide to use one of our financial companies and do not continue with your treatment, you will be responsible for any fees applied to our office.

Patients with Insurance: Your insurance plan is a contract between you and your insurance company. We are not a party to that contract. Please note that we can only give you an **ESTIMATE** and not a guarantee of payment by your insurance company. Your insurance considers benefits based on the frequencies and limitations set up by either your employer at the time policy was underwritten or the policy you chose as a patient. Our friendly staff will be happy to help you verify your dental insurance coverage and file insurance claims as a courtesy to you. We **ONLY** give estimates according to the benefits quoted to us by your insurance company when we verify benefits; but we will do everything possible to see that you receive the full benefits of your policy by electronically filing your claim the day of your appointment. If there are any complications, we will assist you with any information you may need. Therefore, please provide us with all necessary insurance information ahead of time to be able to give you a closer estimate on your portion of the fee each visit. If you happen to change your insurance coverage during your visit with us, we will greatly appreciate if you could inform us ahead of time, to be able to verify the new information, to provide you with the most accurate financial information at that time. Please note that many insurance companies are **NOT open on Saturdays**, and we are unable to verify some insurance on Saturday and full payment may be request for any services.

Treatment decisions are made solely between the patient and recommendations by the Doctor. Coverage for any services is subject to the terms and conditions of your dental benefit plan including exclusions, limitations, conditions, and patient eligibility. The patient is responsible for any deductibles, coinsurance, copayments, or any services or items not covered by your dental plan. Please be aware that any balance is your responsibility, whether your insurance company pays or not. In the event we have filed a claim with the information you have provided, and payment is not received within 60 days, the bill will need to be paid in full. If not paid in 90 days, we will have to send it to collections.

I understand that once any preparation or procedure is stared, **NO refund** will be given since services has been provided/rendered, materials have been used and/or lab fees has been paid. If any questions, please ask Doctor or Insurance coordinator.

Patient's Initials_____

The adult accompanying a minor to the dentist is responsible for the payment of these services. This includes parents, guardians, grandparents, siblings, babysitters, or any other caregiver given permission to bring the minor for services.

Any account over 90 days that goes without payment will be turned over to a collection agency, which is HIPPA compliant and adheres to all current legislation. Please note that if you are sent to collections, ALL payments MUST be processed through the collections agency, and you will become responsible for any cost that incurs in trying to collect this unpaid balance. If there is a credit after ALL insurance claims have been processed, you will have two options:

1. Receive a refund check.
2. Leave credit on account for family to use for further treatment.

APPOINTMENT POLICY

A & S Dental Group believes in providing the highest level of dental care while educating, listening, and understanding the needs of our wonderful patients. In order to provide this, we reserve specific time for each patient on our schedule for their procedure. To insure and set this time for our patients, we require a $50 deposit that will be used towards that appointment. We fully understand that life can be unpredictable, and many times things come up unexpectedly. However, please understand that your appointment time is reserved especially just for you, and we truly do look forward to helping you with your dental needs but when life does take an unexpected turn and you cannot make it to your dental appointment, we respectfully request that you notify us at least 24 hours in advance. We require a minimum of **twenty-four (24) hours** notice for a weekday appointment and **forty-eight (48) hours** for a Saturday appointment.

If you missed the first appointment without notifying us, we will kindly remind you of our appointment policy . **The second time you miss your appointment, we reserve the right to charge to your account a missed appointment fee of $50 dollars. You will have to pay the fee prior to making another dental appointment with us. If a deposit of $50 was left for the appointment and appointment is missed, your missed appointment fee of $50 will be deducted from deposit.**

If a patient misses two (2) Saturday appointments without proper notice, we have the right to deny and lose the ability to have any appointments on a Saturday but they are free to come during the week.

If a patient arrives more than 15 minutes late for an appointment and the Doctor believes that the treatment cannot be completed within the patient's remaining allotted time, the patient may or may not be rescheduled for another time, so the next patient that is scheduled will not have to wait.

I have read and agree to the above explaining the Financial and Appointment Policies. I also Acknowledge that A & S Dental Group has no control over what my insurance company (either through employer or personal) has underwritten in my policy.

Patient's Name Printed_____

Guardians' Name Printed (if applicable) _____

Patient's or Guardian Signature_____

Date_____