

ADVANCED DENTAL CENTER FINANCIAL POLICY

We consider our relationship with you to be of primary importance and will always make our recommendations to you based on what we believe is the very best treatment for you regardless of your insurance coverage. As the patient, it is your responsibility to deal with your insurance company and your employer. We will assist in any way possible to maximize your dental insurance benefits, but to reemphasize; we have no relationship or responsibility to your insurance company.

Payment is expected at the time of service from all patients.

Many routine dental services are **NOT** covered by insurance carriers. We make recommendations based on your needs and not on what your insurance may or may not cover. Please do not hesitate to ask us any questions about our office policies. We want you to be comfortable in dealing with these matters and we urge you to consult us if you have any questions regarding our services and/or fees.

We will file your insurance for you, and will follow up on your claim for 60 days; if your claim is not paid we will then send you a final statement for 100% of the balance. If you have any questions regarding your insurance, please contact your insurance carrier regarding the specifics and details of the plan they are operating on your behalf.

If you are delinquent more than (60) days, collection efforts may ensue, in the event collection efforts become necessary, you shall be responsible for all collection costs and fees, including reasonable attorney fees.

We accept: Cash, Check, Visa, MasterCard, and we offer 3rd Party Financing

I authorize release of any information relating to any claims.

A CHARGE OF \$40.00 WILL BE MADE FOR FAILED OR CANCELLED APPOINTMENTS WITHOUT 48 HOURS NOTICE

Patient/Guardian Signature

Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office's Notice of Privacy Practices.

Patient's/Guardian's Name (Please Print)

Patient/Guardian Signature

Date

Please list anyone that we may disclose confidential information to:

NAME	NUMBER	RELATIONSHIP