



OUR FINANCIAL POLICY

PLAZA DENTAL ASSOCIATES

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

- A minimum payment of \$100 is required at initial visit unless the patient has insurance that will cover that days treatment.
- We accept Cash, Checks, VISA/MasterCard, Discover and MAC.
- A 10% courtesy allowance will be given to senior citizens (65 or over). Senior Citizens who have an extensive treatment plan will receive the 10% courtesy with a 1/2 down payment and scheduled monthly payments arranged with our financial secretary.
- There is a 1-1/2% monthly "finance charge" on balances over 60 days if formal monthly payment arrangements have not been made. Payment arrangements are set up with our financial secretary and due the 20th of each month. If a payment is missed, the payment arrangement becomes void and "finance charge" is applied to the remaining unpaid balance.

DENTAL INSURANCE:

- Insurance is a contract between you and your insurance company. We are Not a party to the contract. We file the insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance regarding deductibles, co-payments, covered charges, secondary insurance, "usual & customary" charges, etc., other than to supply factual information. You are responsible for the timely payment of your account. If your insurance has not paid within 45 days, you have 15 days to pay the balance. A "finance charge" will be added to any account over 60 days.

TREATMENTS REQUIRING ARRANGEMENTS:

- Care Credit is a monthly payment plan with no annual fees. You can use it for all your dental care payments including the cost of treatments not covered by insurance and payments for deductibles, co-payments or cosmetic treatment. The application is simple to complete. If you are interested, ask for an application.
- Extensive treatment schedule (multiple restorations, crowns, partials, dentures) require that the patient pay 1/2 of the total estimated fee at starting date and balance on a monthly arrangement due the 20th of each month. A 10% courtesy will be applied if total treatment is paid in full at starting date. If a payment is missed, arrangement is void and a "finance charge" will be added to the balance over 60 days.
- Orthodontics require 1/3 of the total estimated fee at starting date and balance on a monthly arrangement due the 20th of each month.

SEPARATED AND DIVORCED ACCOUNTS:

- Whichever parent brings the child in is responsible.

MISSED APPOINTMENTS:

- If you are unable to keep an appointment kindly give 24 hour notice otherwise a charge may be made for time reserved.

I fully understand the above policy.

Responsible
Party Signature _____

Date _____