

## Azalea City Dental Financial Guidelines

### Treatment Fees

- The total treatment fee is based on the difficulty of the case and the patient's desire for either comprehensive treatment or limited problem-focused care. Treatment fees assume that the patient will complete treatment in a timely manner. Any untreated oral disease may worsen from the time of the original examination. Oral disease that worsens may require a change in the treatment fee and new financial arrangements.
- Treatment fees also assume that patients will make all scheduled appointments. In order that you may receive the best care possible our doctors are scheduled specific quality time with you. They expect you to honor that scheduled appointment. **All broken appointments and appointments cancelled less than 24 business hours will result in a fee of \$50.00/hr scheduled.**
- All fees quoted prior to treatment are estimates. Treatment plans may change from time-to-time causing a change in the actual costs. In the rare event that treatment changes, causing an increase in treatment fees, we will notify you of the change. Refunds will be given only if you pay for a procedure, and it is then determined that you will not have that procedure performed in our office.

### Insurance

- You are responsible for knowing about your own insurance and what it will or will not cover.
- For those depending on insurance to pay for part of your treatment, understand that we have no control over insurance coverage but we do everything in our power to give you an accurate estimate. You must assume that the expenses we quote are the minimum amount that you will owe. If insurance does not pay as much as we estimated, you may owe the additional unpaid portion.
- **If you are using insurance to pay for part of your treatment, you are still responsible for the entire bill. If the insurance company mails you the check, do not cash it. Bring it in to apply to your bill.**
- Insurance companies often delay payment for any number of reasons. On all accounts, if your insurance company fails to pay within 30 days, your account will be charged interest on this portion. This fee will apply regardless of the insurance company's reason for delaying payment. If you do not want to pay this interest charge you may pay your entire bill and we will issue a refund to you when your insurance company pays. Your refund will equal the amount that the insurance company pays our office. We encourage this option as it usually qualifies you for the additional 5% bookkeeping courtesy.

### Payments

We will work with you to determine the best way to work your dental expenses into your family budget. All of our payment plans are based on the fact that payment is due the day service is rendered, by cash or check. Any payment schedule which is set-up does not necessarily correspond to your appointments. Some payment plans will be monthly, yet you may have multiple appointments or you may have none in a given month.

- **Fees for checks/payments that are returned due to Non-Sufficient Funds (NSF), Closed Checking Account, or Stop Payment:** There is a \$30.00 fee on payments returned due to any of these reasons. If 2 payments are returned for any of the above reasons, we will require remaining payments to be made with cash, certified funds or by credit card.
- **Delinquent Accounts:** Our financial coordinators are always available to you. If you encounter a financial problem that makes it difficult to pay as agreed, please call our office to schedule a financial consultation. If it becomes necessary for us to use a third party to collect your account you will be held responsible for any legal costs necessary to collect your account.

By signing below I am acknowledging that I have received the Financial Guidelines of Azalea City Dental. It does not mean that I am entering into any contract for dental services with Azalea City Dental. I authorize Azalea City Dental to request credit score information in order to assist in any financing necessary for dental care for me or my family.

Patient or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(please sign)

Patient Name (if different) \_\_\_\_\_

Financial Coordinator \_\_\_\_\_ Date \_\_\_\_\_

### **For patients that have BCBS Insurance:**

As your Dental Provider, The dentists of Azalea City Dental want to provide you with the best care possible. There are services that we feel are necessary for the treatment of your condition and maintenance of good health that are not covered by your Blue Cross and Blue Shield of Alabama dental benefits contract. You are expected to pay for those services in full. Let us reassure you that we will order only treatments that we feel are necessary for your dental health and care. In addition, some services may be recommended by us for cosmetic reasons. If you have any questions about whether or not a particular service is covered by your dental benefits contract, someone in our office will be happy to assist you. Thank you for your understanding.

I have read your policy and agree to pay for the services that are not covered by my contract.

Patients or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_