

Alachua Family Dentistry-Financial Policy

As your dental provider, we are committed to providing you with the best possible dental care. In order to achieve this goal, we need your assistance and understanding of our financial policy.

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED-We accept cash, checks, Visa, MasterCard, Discover, American Express and CareCredit.

FINANCIAL AGREEMENT/INSURANCE COVERAGE-*As a courtesy, we will bill your primary insurance on your behalf.* You will be responsible for filing any secondary insurance coverage. We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. However, you must realize that:

- 1. Your insurance is a contract between you and the insurance company. Our office is not responsible for benefits not paid by your insurance company.
- 2. Our office **ESTIMATES** your portion. **This is only an estimate.** For a more exact estimate, you may request that we send in a written pre-determination *prior to the start of your treatment*. Please note that this is a lengthy process and may take 4-8 weeks before the pre-determination is processed by your insurance company.
- 3. Not all services are covered benefits under all contracts. Some insurance plans exclude coverage of certain services or **downgrade services to a less-expensive service** than the service we provide **without prior notice**.
- 4. All charges are your responsibility from the date services are rendered. You may need to contact your insurance company if there are any questions regarding the company's handling of a claim.

We must emphasize that as your dental care providers, our relationship and concern is with you and your dental health, not the insurance company.

MISSED, CANCELLED AND RESCHEDULED APPOINTMENTS- **AS A COURTESY, WE TRY TO CONTACT ALL PATIENTS TO CONFIRM THEIR APPOINTMENTS; HOWEVER, WE MAY NOT ALWAYS BE ABLE TO REACH YOU.** We ask that you give us an advanced notice of **two BUSINESS days** when cancelling or rescheduling an appointment. Of course, reasonable consideration will always be given to extenuating circumstances, such as unforeseen emergencies.

FEES FOR MISSED/CANCELLED/RESCHEDULED APPOINTMENTS WITHOUT 2 BUSINESS DAYS NOTICE

(In the absence of any extenuating circumstance)

DENTAL APPOINTMENTS

\$50.00

Certain longer appointments may require a larger cancellation fee and/or a deposit to schedule appointment.

AS YOUR APPOINTMENT TIME IS RESERVED FOR YOU WHEN YOU SCHEDULE THE APPOINTMENT, YOU ARE RESPONSIBLE FOR THE CHARGE REGARDLESS OF WHETHER OR NOT A COURTESY REMINDER HAS BEEN SUCCESSFUL. We NEVER schedule or pre-schedule an appointment without your consent or knowledge.

If you have any questions about the above information or any uncertainty regarding your responsibility, please do not hesitate to ask us. We are here to help you.

I have read and understand the Financial Policy.

Signature

Printed Name

Date