

Financial Policy

Arbor Dental Associates P.C

9515 N. Lamar, suite 158, Austin Texas 78753

Please read carefully

Welcome and thank you for choosing our office for your dental care. Dental treatment is an excellent investment in an individual's health and well-being. Our practice is "health centered" rather than insurance driven practice. Our treatment recommendations are based on patients' needs, not their insurance benefits. At all times you can be confident that we will always recommend and provide you with our best services without regard to the limitations imposed by your insurance. We hope that providing you with our policies in advance we can prevent misunderstanding and frustration. Should you have any questions, please don't hesitate to ask.

- **Payment is due at time of service.**
- **If you have dental insurance:** As a courtesy to you we will process your insurance claim the day of your treatment and provide the necessary dental x-rays, photographs, charting and written diagnostic report to expedite the process.

If a service is not covered by your insurance company, you are responsible to pay the fee for that service.

Your **estimated** portion or co-pay for treatment must be paid on the day of service.

- Should you receive a bill from our office due to unpaid treatment services by your insurance company, you are expected to pay in full within 30 days from the date of the statement, or be assessed a finance charge of 1.5% for each monthly bill sent to you after 30 days.

- Unpaid balances will be turned over to a collections agency after 90days if you fail to pay or make payment arrangement with the office. You will also be responsible for any collection fee incurred by the collection agency and this office attempting to collect.

- **We accept Cash, Check, MasterCard, Visa, Discover, American Express** or we will assist you with additional financial arrangements with our third party financing companies.

- Returned checks will be charged a **\$35.00** return check fee. "Hot Checks" will be turned over to Travis County DA's office for prosecution.

- **A fee of \$50.00** will be billed for any appointment you fail to keep without giving the office a 24 hour notice.

By signing below, I acknowledge and agree to honor the policies outlined above. I understand and agree that (regardless of my insurance status) I am ultimately responsible for the balance of my account.

Signature _____ Date _____

Print Name _____