

Paradise Valley Family Dental Financial Policy

4001 East Bell Rd Suite 120
Phoenix, AZ 85032
602-992-5600

Thank you for choosing **Paradise Valley Family Dental LLC**. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, MasterCard, American Express or Discover
- No interest payment plans through Care Credit (Subject to credit approval)
 - Allow you to pay overtime with NO INTEREST! If paid within the promotional period, otherwise interest assessed from purchases date. Minimum monthly payment required
- Convenient, low monthly payment plans
- No annual fees or pre-payment penalties

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to completion of care for treatment plans of \$500.00 or more.

Please Note:

Paradise Valley Family Dental LLC requires payment in FULL prior to the beginning of your treatment. If you choose to discontinue care before treatment completed, you will receive a refund less the cost of care received.

For larger, more comprehensive treatment plans of \$500 or more, a 25% deposit is required to secure your initial treatment appointment.

As a courtesy to our patients with dental insurance we are glad to work with your carrier to maximize your dental benefits and directly bill them for reimbursement for your treatment; however we do request that any co-payments, deductibles, any services not covered by your insurance plan be paid at the time the service is provided. It is patient's responsibility to know their insurance coverage and maximum.

If we do not receive a payment from insurance carrier in 30 days, you will be responsible for payment of your treatment fees and collection your benefits directly from your insurance carrier.

A fee of \$75.00 is charged if you should miss or cancel more than 1 time without a 24 hour notice.

Paradise Valley Family Dental LLC charges a \$30.00 for returned check fee.

If you have any questions, please do not hesitate to ask. Our goal is to help you with your dental needs.

Patient Name: _____ Signature: _____

Relationship to Patient: _____ Date: _____