



PARADISE VALLEY FAMILY DENTAL

Family & Cosmetic Dentistry Reconstructive & Implant Surgery

Financial Policy

Thank you for choosing *Paradise Valley Family Dental*. 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

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 \$800.00 or more.

****Cannot be combined with any other discount or insurance plans****

Please Note:

Paradise Valley Family Dental 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. **HSA/FSA/CREDIT CARD refunds will be issued as facility credit only.** All refunds may take up to four weeks to process and will require original receipt.

Refunds for overpayment will be applied after all treatment is completed and insurance has been collected.

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 \$100.00 is charged if you should miss or cancel an appointment without a 24 hour notice.

Paradise Valley Family Dental charges a \$30.00 for returned check fee and FDCPA (Fair Debt Collections Practices Act) I understand that there will be an additional \$25.00 fee per patient to have the office analyze my account.

In the event that account collections become necessary, the patient will be responsible for all collection costs including attorney fees of 35% of the pending balance.

I HAVE READ AND UNDERSTAND THE INFORMATION LISTED ABOVE. I HAVE NO FURTHER QUESTIONS.

Patient Name: _____ Signature: _____

Relationship to Patient: _____ Date: _____