

IMPORTANT FINANCIAL AND DENTAL INSURANCE INFORMATION

We are committed to providing you with the best possible care. In order to achieve these goals, we need your understanding of our financial guidelines.

If you have dental insurance, we are anxious to help you receive your maximum allowable benefits.

Payment for services are due at the time services is rendered unless prior payment arrangements have been agreed upon between you and our staff. We accept cash, check, Visa, MasterCard and Discover. We will be happy to process your insurance for you at each visit.

1. For all New Patients - payment for services are due at the time services are rendered, regardless of insurance.
2. For all patients with no insurance - payment for services are due at the time services are rendered, unless prior financial arrangements have been made.
3. For all patients with insurance - payment for services are due at the time services are rendered for your estimated co-payment, deductible or policy exclusions.
4. Any insurance claim over 60 days, becomes your responsibility and payment is due.
5. For all patients with a second insurance - we will provide you with a receipt for you to file your secondary insurance.

Your insurance company is a contract between you, your employer and your insurance company. We must emphasize that as dental care providers, our relationship is with you, not your insurance company. As a courtesy to you, we will file your insurance within 24 hours of your visit following a ADA guidelines for coding procedures. We use electronic filing for short turn around. However, all charges are your responsibility from the date the services are rendered.

There is a \$25.00 charge for returned checks as well as additional collection fees and an interest of 18% APR for balance older than 90 days. Charges may also be made for broken appointments and appointments canceled with less than 48 hour notice.

In consideration of our patients' time, arrivals in excess of 15 minutes past appointed time would be rescheduled.

Please don't hesitate to ask us if you have any questions regarding your treatment or any uncertainty regarding insurance coverage.

I have read and understand the above information.

Signature

Date

I hereby authorize Alafaya Family Dental to release to my insurance company, information acquired in the course of my dental care. I hereby authorize benefits to be paid directly to Alafaya Family Dentistry. I understand that I am responsible for any unpaid balance after 60 days.

Signature of Insured/Patient

Date