

All Smiles

D E N T I S T R Y

CATHERINE S. MENTESANA, D.D.S.

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Allen, Texas 75013
(972) 747-1996

FINANCIAL POLICY

We are committed to providing you with the best possible care. Please understand that payment of your bill is considered part of your care. The following is a statement of our FINANCIAL POLICY that we require you to read, agree and sign prior to any treatment.

Please initial on the line to signify that you have read, understand and agree to follow each guidelines put forth on each line.

_____ PAYMENT OPTIONS - We accept cash, checks, care credit and most major credit cards as forms of payment **at the time services are rendered.**

_____ MISSED APPOINTMENTS - When you make an appointment, doctor time is reserved just for you. Failure to appear at an appointment results in lost doctor time, increased overhead expense. In order to prevent fee increase due to such inefficiencies, our office has a cancellation policy, which required 48 hour notification. You will be personally responsible for the charge of an office visit if we do not receive notification **during business hours 48 hours in advance.**

_____ INSURANCE - I understand that insurance is filed as a courtesy. By accepting assignment of benefits, our office is in no way contracted with your insurance company **and there is no guarantee of payment.** Should the insurance company not pay for a service, or not pay in full, the remaining balance is your responsibility. Our practice is committed to providing the best possible treatment and we charge what is considered usual and customary for our area. You are responsible for paying the bill in full as deemed appropriate.

_____ SELF PAY – I understand that payment in full is due at the time of service. A payment agreement is required prior to the scheduling of procedures.

_____ DELINQUENT ACCOUNTS – Accounts that are not paid in full or satisfactory arrangements not made within 30 days of services rendered are considered delinquent. Delinquent accounts may be referred to a collection agency, nationwide credit bureau and/or to our attorney for further action. All balances older than 30 days are subject to a **finance fee of 19.99% and/or \$7 monthly billing fee.**

Responsible Party

Date