

BELMONT PLAZA DENTAL CARE

PAYMENT AND BILLING POLICY

We are committed to providing you the best dental care possible. Part of that commitment is to keep you fully informed of our policies and procedures. Please read the following information. Once you have read it, please print and sign your name in the space provided.

1. **All** co-payments are due at the time of service. Payments will be *estimated* based on your insurance coverage and you will be billed for any additional balance. We accept cash, checks, MasterCard, Visa, and Discover.
2. Please give us at least **24-hour** notice if you cannot make your appointment. We have fees for late cancellations and missed appointments. The fees will be charged at a rate specified by either your insurance plan or according to our office policy (\$1/minute), whichever is applicable.
3. Returned check fee is \$25.00.
4. **Unless prior financial arrangements are made, balances older than 30 days will be subject to 18% APR finance charge. Balances over 60 days will be forwarded to Conrad Credit Corporation for collection proceedings. At that time, 40% collection fees and 18% accrued interest will be added to your outstanding balance.**

PLEASE NOTE:

- Please note that your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract. Our relationship is with you, the patient. As a courtesy, we will complete and submit insurance claims and pre-determinations of benefits to your benefit provider.
- Not all services are a covered benefit in all contracts under all circumstances.
- ***Your insurance cannot guarantee payment until charges have been billed; therefore you are responsible for what your insurance does not pay.***
- California State Law requires we maintain your x-rays. The film itself is property of this office. The duplication charge is \$25.00

Date _____

Signature _____

Name _____