



ARDEN PARK DENTAL CARE FINANCIAL POLICY

Accepted Payment Types

We accept cash, check, most major credit cards and Care Credit, Lending Club, Cherry.

We ask for cooperation from all our patients to pay for services the day of scheduling treatment, including those with dental insurance. By paying the estimated patient portion for treatment on the day of scheduling, helps us to reduce bookkeeping and billing expenses that increase the cost of your care.

There is a **\$30** process fee for all return checks or invalid credit card payments.

Cash, Check, Credit Cards, or 3rd party financing

We ask that all single day services be paid for on the day of scheduling service. This includes the patient portion for those with dental insurance.

Credit Cards on File

We ask that our patients keep their credit cards on file. A credit card shall be stored on-file, in a safe encrypted vault and given authorization to be charged for agreed upon services rendered by ARDEN PARK DENTAL CARE on the agreed upon date, or for any late change fees (at a rate of \$75 per hour scheduled with hygienist & \$150 per hour scheduled with the doctor) incurred.

Insurance Information

The **patient or guarantor is 100% responsible for all account balances** regardless of insurance coverage. Not all services are covered benefits in all contracts. Your employer has selected the level of coverage based on the premium paid. We submit insurance claims as a patient courtesy, however that contract exists between the patient/insured and the insurance company.

Insurance Coverage Quotes Are Estimates Only. We will estimate your portion based on historical information from your insurance company. Any quotes we relay are estimates only and are not a guarantee of payment by your insurance company. There is no representation, agreement, or guarantee as to a patient's insurance coverage. I acknowledge that I will contact my insurance company for specific information regarding my coverage. I am 100% responsible for the unpaid balance or ENTIRE balance (as dental insurance may not pay what was estimated)

Your estimated portion is due at the time of scheduling. Please be prepared to pay your estimated patient portion.

To speed up insurance processing, it is important that you are familiar with your insurance coverage and provide us with accurate information. Please bring current dental insurance information with you. This is your responsibility.



We try to help all patients receive the maximum benefits their plans will allow for the treatment they need. Our business is providing excellent dental care. The insurance industry has made it nearly impossible for patients to file their own claims. As a courtesy we will file the insurance claim on your behalf.

In most cases you have authorized insurance payments to come directly to us. In some cases, your insurance company may send payment directly to you. These monies are to be remitted to ARDEN PARK DENTAL CARE unless you have already paid the balance.

***Accounts are aged from the day of service.**

Cancellations, Rescheduling & Late Change Fee

_____ **Late Change Fee:** If for any reason you should need to change your appointment, there will be no charge provided you give us **2 Business Days' Notice** (example: Your appointment is on Monday, you must call us no later than Wednesday morning the previous week), otherwise a late change fee of \$75 per hour of scheduled with hygienist and \$150 per hour scheduled appointment with doctor will be charged to your credit card on file or your account. Please help us serve you better by keeping your scheduled appointment.

_____ **Cancellations.** A late change fee of \$75 per hour scheduled with the hygienist & \$150 per hour scheduled with the doctor appointment may be charged to your credit card on file or your account if 2 business days' notice prior to your appointment date are not given. Please help us serve you better by keeping your scheduled appointment.

_____ **Changes to scheduled appointments.** Any changes to your scheduled appointment time must be made by calling the office at (916) 545-1627 and speaking with our scheduling coordinator. Changes and cancellations cannot be made through the automated messaging system or left on our answering service.

_____ **Balances not paid by insurance.** Any remaining balance after 90 days is **my** responsibility and will be charged to my credit card on file. Arden Park Dental Care will collect any balance difference between the estimate and actual insurance payment with my credit card on file. If the insurance overpays I will be credited the difference.

Acknowledgement:

_____ I understand and agree that all services are due and payable at the time services are rendered unless other financial arrangements have been made. I understand and agree that (regardless of my insurance status), I am 100% responsible for the balance on my account for any professional services rendered, as well as any finance charges, collection costs, or multiple rebilling charges.

_____ I further understand that **accounts are aged from the day of service.** Any account balance over 30 days past due will be subject to a 1.5% per month finance charge (18% per year). In the event of a delinquent account (not paid in full by 90 days after the date of service), the account may be turned over



to a collection agency and I will be responsible for any and all collection fees and other court costs incurred as well as the original balance, in an effort to collect my balance.

_____I have read the financial policy for this office and understand my obligations. I authorize release of any information relating to any claim. I authorize payment directly to Arden Park Dental Care for benefits otherwise payable to me.

I leave my signature on file for future claims that relate to me.

Patient Signature _____

Date _____