

# Ocotillo Dental Care

*compassion and quality*



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(480) 855-1994

## FINANCIAL POLICY

In order for our staff to attend to your dental health needs on a more personal level, we have written this information guide. We hope it will make it easier to understand our office policy regarding your financial obligation. We will try and bill you at the appropriate time and file your insurance claims for you. My staff and I will strive to have open communications on all financial matters. If you have any questions or problems; please bring them to our attention. We are here to help.

### Patient care is our primary goal.

- 1: For patients with insurance, as a courtesy we will file your insurance claim for you. If we do not have all your insurance information before the day of treatment you will be expected to pay for the services in full. You will be expected to pay your annual deductible and at each visit for treatment, any **estimated** co-payment, and any portion not covered by your insurance. Please understand that what we collect are only **estimates** and **you are ultimately responsible for any and all of the cost of your dental care.** After your dental claim is paid, you will be billed for the remaining balance.
- 2: If, after 90 days your insurance company has not paid on your claim, you will be billed for the **entire balance**. At this point, you will have to contact your insurance company for reimbursement. We will assist in any way possible but your full payment is due and you will have to go to the insurance company to get payment.
- 3: For all unpaid accounts after the 90 day period a late fee will be billed each month of \$39.00 and a finance charge of 2% on all unpaid balances will be assessed per month until the balance is paid in full.
4. Our office reserves appointment times especially for you when you schedule them. If you are unable to make a scheduled appointment with our office, please notify us within 24 hours prior to your appointment, so that we may schedule another patient at that time. If there is less than 24 hour cancellation notification, there will be a **\$50.00 missed appointment charge**.
- 5: We suggest that you know the limitations of your insurance. If you are limited, by your insurance plan, to a certain number of visits per year or have contractual waiting periods; please keep track of this information. You will be held responsible for payment.
- 6: We accept MasterCard, VISA, cash, check, and money orders. Any **check returned** from the bank will be subject to a **\$45.00 charge** and cash will be required for future visits.
- 7: In cases of divorce. The person that brings a minor to the office for dental care is responsible for all charges. Ocotillo Dental Care cannot be responsible to get payment from the other parent.
- 8: All first time visits and emergencies; Full payment is due at the time of service.
- 9: Please ask our office staff if you have any questions.

I have read, understand, and accept that I am responsible for any and all fees that are incurred by me at Ocotillo Dental Care, P.C.

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

Printed Name \_\_\_\_\_