Bella Dental LTD Financial Policy and Agreement

Thank you for choosing Bella Dental for your dental needs. We are committed to providing you with excellent care and convenient financial arrangements. Our financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees and patients' financial capabilities.

To confirm your understanding and agreement with our policies, please read the following:

Payment

Payment in full is due at time of service unless prior financial arrangements are made. For your convenience, we offer several payment options.

1. Cash, Check, VISA, MasterCard, Discover and American Express
2. Monthly payment plans through Care Credit

Insurance

Our office is committed to helping patients maximize their benefits. Insurance policies vary greatly. Because of this, it is the patient's responsibility to be familiar with their specific policy. Therefore, owing to the complexity of insurance contracts, we can only estimate in good faith, not guarantee coverage. **Your estimated patient portion must be paid at the time service is delivered.** As a service to our patients, we will bill your insurance company for service, and allow 45 days for them to render payment. **After 60 days, you are responsible for the entire balance and it will be due in full.** If you have any questions, our courteous staff is always available to answer them.

Minors

Payment for services for the treatment of minors can be made by check, cash or credit card and is the responsibility of the adult accompanying the minor.

Missed Appointments

Once an appointment has been made, please remember that this time has been reserved specifically for you. We reserve the right to charge a fee for all cancelled or missed appointments without 24 hours notice. **A fee of $25 will be applied to any canceled appointment with less than 24 hours notice. Several missed appointments will result in dismissal from our practice.**

Service Charges

The policy of this office is to charge 1% monthly interest (12% annual percentage rate) and a billing charge that will be applied to all accounts over 90 days past due. We will charge $35 for any returned checks.

Collection Fees

Fees incurred to collect payment will be billed to and payable by the patient's account holder.

Financial Consent

The patient (account holder) agrees to be fully responsible for total payment of treatment performed in this office.

I understand and agree to this Financial Policy and Agreement

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Signature of patient/responsible party Date