

Written Financial Policy

Patient Name: _____

PAYMENT OPTIONS:

- Cash, Check, Visa, MasterCard, American Express or Discover Card
- Care Credit Healthcare Credit Card payments. Please apply online @ www.carecredit.com and bring the Care Credit card with you at the time of appointment.

OFFICE POLICY:

1. Gale Marana DDS/Pearl Kai Dentistry requires payment at the time of treatment.
2. For procedures and services requiring multiple appointments, such as “bridge, crowns, Invisalign, whitening trays, night guard, sports guard, retainers and dentures”, our office requires full “co-payment” to secure your treatment appointment and for laboratory fees.
3. For patients with dental insurance, out of courtesy, we will help process your dental insurance claims with your insurance carrier. We are happy to work with your insurance carrier to maximize your benefit.* Please coordinate with your insurance and with us for coverage and provide us necessary information such as secondary insurance to expedite reimbursement and payment to our office.
4. Delinquent Accounts with Balances over 90 days will be sent to collection agency.
5. I understand that if my account is referred to a collection agency, collection fees apply. A processing fee of \$50 and 40% of the outstanding balance will be added to my total balance.
6. A fee of \$50 is charged for patients who miss or cancel appointments without 48-hour notice.
7. Gale Marana DDS charges \$30 for returned checks. We do not accept post-dated checks.

***If we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees.**

X

Patient Signature

Date