

**AVDENTAL**

**2506 S. SEMORAN BLVD. ORLANDO, FL 32822 Phone 407-273-4100**

**Financial Policy**

It is the intention of this office to provide you with the best possible dental care. We believe that service to our patients is at its best when there is a mutual understanding and cooperation. Therefore, we would like to acquaint you with our financial policy

Payments of all professional services are the sole responsibility of the patient (or guardian) and/or policy holder receiving those services regardless of insurance coverage.

It has been explained to you and you fully understand that the verification of benefits performed in this office is in **NO WAY GUARANTY OF PAYMENT AND/OR COVERAGE.**

You understand that your insurance carrier has only provided an “estimate” of the percentage payable under your plan. And that your insurance company is not bound or promising to pay this or promising to pay this or any amount. Therefore, your account will remain open until we receive the payment from your insurance and you are responsible of this account. We will send you a bill for any portion not covered as soon as we received the payment or notification from your insurance. Your payment is expected in the next 15 days.

Any payment you receive from your insurance carrier should be forwarded to this office.

We do not accept insurance assignments without a predetermination, which normally takes a month to receive from the time mailed to the insurance company.

Any treatment started prior to receiving an authorization would be your responsibility. We would fill all the required paperwork for you to be refunded by your insurance company.

We do not bill any secondary insurance. We would provide you with all the necessary documentation to be submitted by you.

A deposit of 1/3 of your fees is required for any treatment to secure your appointment.

Payment is expected the day of the treatment for all copays, deductibles and non-covered treatments. There are no payment plans.

Payment in full is due the day your treatment is finished, for all major treatments such as root canal, crowns, partials, dentures, fixed bridges.

A \$30.00 fee will be charged on any returned check.

You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 35% of the debt, and all costs, and expenses, including reasonable attorneys’ fees, we incur in such collection efforts.

**\*\*\*I have read, understood and agreed to all the terms of financial policy\*\*\***

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**Patient/Guardian**

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**Date**

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**Witness**

**Date**

**Payment Options**

Thank you for choosing AV Dental. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

**Payment Options:**

You can choose from:

- Cash, Check, Visa, MasterCard, American Express or Discover Card

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash prior to completion of care.

- Convenient Monthly Payment Options<sup>1</sup> from CareCredit Healthcare Credit Card

- o Allow you to pay over time
- o No annual fees or pre-payment penalties

Please note:

AV Dental requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

We accept payment in thirds for treatments over \$300.00. For plans requiring multiple appointments, alternative payment arrangements may be provided. For larger, more comprehensive treatment plans of \$500.00 or more, a 1/3 deposit is required to secure your initial treatment appointment.

We also offer in-house financing for treatments over \$500.00.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.<sup>2</sup>

A fee of \$35.00 per hour reserved is charged for patients who miss or cancel more than 2 times in a calendar year without 48-hour notice.

AV Dental charges \$30 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

<sup>1</sup>Subject to credit approval

<sup>2</sup>However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.