

**Palm City Dentistry
Dr. Rene Aviles DMD, PA**

WRITTEN FINANCIAL POLICY

Thank you for choosing Rene Aviles, DMD, PA. 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:

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

(Rene Aviles, DMD, PA charges \$35 for returned checks.)

- Care Credit Card (Payment Plans with No Interest. If paid within the promotional period. Terms are subject to credit approval & the agreement you make with Care Credit.)

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

NOTIFICATION TO PATIENT'S WITH DENTAL INSURANCE

We are more than happy to work with your dental insurance carrier to maximize your dental benefits. We will gladly file your dental claims as a courtesy to you. Dr. Aviles has elected to participate with certain insurance companies and accept their contracted fees. The insurance policy and/or plan was chosen by you and/or your family member. It is **your responsibility** to understand the frequencies, clauses, & coverages in **your** policy/plan. If we are providers, our office will request a basic breakdown of benefits to determine an **"approximate"** out of pocket co-payment for your dental visit. Please be advised, coverages vary by plan types. It's not a guarantee of payment by your insurance carrier and **you are responsible for all the charges whether or not paid by your insurance.** Amounts not paid within 30 days will incur a monthly finance charge of 1.5% calculated from the date of service. (18% annual rate). In the event that collection measures become necessary, all related expenses, including agent and/or attorney's fees, will be the responsibility of the patient or guardian.

Please note:

Rene Aviles, DMD, PA requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case. For larger, more comprehensive treatment plans of \$1000. or more, a 20% deposit is required to secure your initial treatment appointment.

CANCELLATIONS

DR. AVILES & HIS TEAM HAS COMMITTED TO DESIGNATE THE ALLOTTED TIME TO ATTEND YOU BY SCHEDULED APPOINTMENT. *(WITH THE EXCEPTION THAT AN EMERGENCY MAY ARISE.)* WE ASK FOR THE SAME COURTESY WHEN NEEDING TO CHANGE OR CANCEL YOUR APPOINTMENT.

BY DOING SO, YOU ARE ALLOWING THE OFFICE TO GIVE ANOTHER PATIENT THE OPPORTUNITY TO SCHEDULE AN APPOINTMENT.

IN THE EVENT THAT YOU SHOULD NEED TO CANCEL OR RESCHEDULE YOUR APPOINTMENT FOR YOURSELF AND/OR YOUR DEPENDENT(S). YOU ACKNOWLEDGE THAT IT IS YOUR RESPONSIBILITY TO INFORM THE OFFICE WITHIN 24 HOURS *(IF THE APPOINTMENT IS FOR 1 HOUR)* OR 48 HOURS *(IF THE APPOINTMENT IS FOR 2 OR MORE HOURS)* OF THE ACTUAL APPOINTMENT TIME.

I DO UNDERSTAND THAT FAILURE TO NOTIFY THE OFFICE OF MY CANCELLATION OR RESCHEDULING WILL RESULT IN A **\$35.00 CANCELLATION FEE PER APPOINTMENT HOUR**. I UNDERSTAND ALL OF THE ABOVE INFORMATION AND I AGREE THAT THE INFORMATION I PROVIDED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Patient or Guardian Signature

Date

Patient Name (Please Print)