

Magnolia Pedraza, DMD MS

Office Policy for Insured Patients

I understand that my insurance is an agreement between my insurance company and me.

I understand that I am responsible for the balance of my account regardless of my insurance.

Please review the following information about our payment procedures.

If you are **NOT** the primary policyholder, please provide the following information:

Name of Primary Policyholder _____

Date of Birth for Primary Policy Holder _____

SS # or Insurance ID # of Primary Policy Holder _____

Your Relationship to Primary Policy Holder _____

PAYMENT IS EXPECTED AT TIME OF TREATMENT. Discover, MasterCard, Visa, CareCredit, Debit Cards, Cash and Personal Checks are accepted.

- **Consultations, X-rays and Periodontal Maintenance (cleanings) are collected in full on date of service, UNLESS you are insured by Delta Dental, Cigna, Aetna, Sun Life Financial or United Concordia. We are a Preferred Provider for these insurance companies and we will submit your claim to your insurance and you will be billed for the amount your insurance does not cover.**
- **Surgeries and other procedures: We will collect 60% of the total fee on the date of service. If you have a pre-estimate from your insurance company, we will collect the patient portion amount for the service and bill your insurance for the remainder. You are responsible for any shortage if your insurance company doesn't pay their full amount on your pre-estimate. This applies to all insurance companies.**

With complete information of dental insurance, we will process your dental insurance. Depending on the amount your insurance pays, we will send you a refund check **if** there is money owed to you **OR** bill you for money still owed to us.

- **Outstanding insurance claims over 45 days** will be reassigned **to you**, regardless of the reason for delay the insurance company gives.
- **Broken Appointment Policy:** Any appointment that is not cancelled with a 24 hour notice will be subject to a broken appointment fee. Arriving more than 15 minutes after your scheduled appointment time could result in your appointment being rescheduled.
- **Collections Costs Agreement:** In the event your account is past due, it will be turned over to a collection agency. In this event, you agree to be responsible for all reasonable fees necessary for the collection of the delinquent account including, but not limited to, collection agency fees up to HALF (50%) of the balance and costs and reasonable attorney fees. You also agree to be responsible for broken appointment fee, and NSF penalties on returned checks.

Today's Method of Payment (please circle one)

- **Check or Debit Card**
- **Discover / MasterCard / Visa / CareCredit**
- **Cash**

Patient or Parent/Guardian

Signature _____

Date _____