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FINANCIAL POLICY

To Our Valued Patients,

Today in our world of rising prices we are trying to keep our fees to a minimum by implementing clear and exact payment policies. This will help to reduce our overhead, thus passing the savings along to our patients.

As in the past, and a favor to you, we will continue to file your Insurance Claims. Our office will be offering the following payment policies:

1. For non-insured patients, we offer a 5% Professional Credit on treatment plans over \$1000.00 paid in full prior to service with cash or check.
2. Patients having Dental Insurance will be required to pay their **DEDUCTIBLE and ESTIMATED PORTION** of the fee prior to the time services are rendered. You will also be responsible for any balance remaining after the Insurance Company as paid the claim.
3. While filing of Insurance claims is a courtesy that we extend to our patients, **WE MUST EMPHASIZE** that as dental care providers, our relationship is with the patients, not the Insurance Company. If we do not receive payment from your Insurance Company within 45(forty-five) days, payment becomes your responsibility.
4. We accept Visa and Mastercard.
5. We have made arrangements with Financial Institutions to provide extended payment plans with low interest rates. Applications are available from our front office staff and a quick approval can be made.
6. Help us keep our New Year's resolution of no patients waiting. We are making every effort to stay on schedule so please be prompt for your appointments. We reserve the right to reschedule late patients.
7. Your appointment time is reserved for you, because you are important to us. **WE RESERVE THE RIGHT** to charge a \$25.00 fee for cancellations without a 24-hour notice prior to your scheduled appointment.

I have read the above policies and agree to abide by them.

Patient Signature _____ Date _____