

FINANCIAL GUIDELINES

1. You will be provided a written treatment plan with service codes and fees when we propose care.
2. We accept cash, checks, Mastercard, Visa, and Discover credit cards, as well as debit cards.
3. Patients are responsible for their appointments and account at age 18 as the Privacy and HIPPA laws apply. Dependents age 18 and over can sign a consent to allow a family member access to their financial, privacy, HIPPA policy and medical records as they choose.
4. Statements are processed on approximately the 20th of each month. The agreed to payment is due upon receipt. Any time you wish to have an accounting history of services and payments simply call to request a print or emailed copy.
5. Treatment paid in full on day of appointment receives a 5% discount.
6. In the event a balance remains on your account past 30 days a charge of 1.5% will accrue every month on your billing statement.

7. Dental benefit plans are a contract between you and your employer. Verification of eligibility and benefits, pre-determination of benefits and claim processing are not binding promises of payment on behalf of the insurance company. In the event your benefit plan performs an internal audit, months or years after treatment has been provided, we will alert you immediately. You will be billed for any refund demand made on a service they decide was an uncovered benefit at that time. The State of California has an Insurance Commission, problems that cannot be resolved with your benefit company may be address through that department. Ricardo Lara is our current Commissioner. 1-800-927-4357 or www.insurance.ca.gov will direct you to an online consumer complaint document.
8. Insurance benefit plans are processed as a courtesy. We do complimentary benefit analysis for you at your request. We will accept assignment of benefits on your behalf. We need insurance company name, name of employer, group identification #, employee identification #, to allow us to process claims. There may be an occasion your social security # or photo identification is required by your benefit plan.
9. In the event your benefit plan has not paid for care provided within 30 days the account balance becomes your responsibility. We will print a duplicate claim form for you to send to your benefit company.

10. Your deductible payment and co-payment is due the day we provide service.

11. Payment for Oral Conscious Sedation is paid in full when scheduling the appointment.

12. Missed appointments may incur a \$50 charge.
13. A collection agency is utilized as a last resort.

I understand my financial expectations as outlined above. I authorize the office of Deborah Amorteguy DDS to release any information needed to effectively process insurance claims for my dental care and receive payments directly from my insurance company. In the event my account becomes delinquent and I have not made payment arrangements, I authorize the office of Deborah Amorteguy DDS to release minimal information to a collection agency in order to clear the account.

Patient

Date