

Premier Dental Solutions Financial Policy

Dear Valued Patient,

We very much appreciate the trust you have placed in us as your dental provider. Our top priority is to help you achieve strong, healthy gums and teeth that last a lifetime. In order to accomplish this, we have found it necessary to implement certain office policies.

We do require that procedures are paid for in advance of treatment.

In the case where you do have insurance coverage, we will file insurance for the portion of the fee that we estimate they will cover, and you will be required to pay the estimated balance due in advance. Once payment from insurance has been received, if there is any balance still remaining it will be billed to you. If the payment from insurance results in a credit balance, this will be refunded to you.

Following is our policy on payment options, should treatment be necessary:

1. Pay in full in advance. Since it requires less administration on our part, should you choose this option, we will extend a 5% discount on the amount you pay in advance.
2. Financing. There are several companies we work with that provide financing to patients specifically for their dental treatment. This allows you to spread out the cost of your treatment over time, with no interest or low interest charges, depending on which option you choose. This allows you to proceed with your treatment in a timely manner while making low monthly payments.
 - A. Care Credit, 12 months interest free.
 - B. Chase Health Advance, 24 months interest free for orthodontic services.
 - C. Spring Stone, 18 months interest free.
3. "Pay as you go". In the event that you are unable to pay in advance using the options listed above, you may pay a 30% advance deposit to reserve your appointment(s). The balance remaining is due when you arrive for your treatment.

Any insult to a tooth such as decay, trauma, cavity, fillings, and crowns will always make the nerve of the tooth suffer. 90% of the time the nerve bounces back to its normal healthy state. 10% of the time a root canal may be necessary if the nerve doesn't bounce back to its normal state.

_____initial please.

We will provide you with a copy of any and all financial arrangements we make with you so that you can refer to them in the future.

We strive to ensure you are informed of all of our policies and procedures, and to make all aspects of your experience with us as comfortable as possible. If you have any questions about any of our policies, please ask to speak with our Office Manager, so your concerns can be addressed.

Yours in good health,

Dr. Doralio S. Millan and Staff

I have read and understand the above Financial Policy, and have been provided with answers to any questions I have at this time.

Patient Signature

Date