



Dental • 8409 SW 80TH ST, STE 8, OCALA FL 34481 • PH: 352 306 0062 • FAX: 855 685 5478

Financial Policy

We understand that every person's financial situation is different. We have worked hard to provide a variety of payment options, to help you receive the quality care needed to enjoy a healthy confident smile.

PAYMENT IN FULL

Full payment is required at the time of service from all patients that do not have insurance coverage.

DENTAL INSURANCE

We are happy to file the forms necessary to see that you received the full benefits of your coverage. We cannot guarantee any estimated coverage. Your unpaid deductible and any estimated portion of fees not covered by your insurance are due at the time of service. Because the insurance policy is an agreement between you and the insurance company, we ask the patients be directly responsible for all charges. If for any reason your insurance company has not paid their portion within 60 days from the start treatment, you are responsible for payment at that time.

PAYMENT OPTIONS

- CASH OR CHECK: For fees exceeding \$1,000.00 per patient, we are happy to offer 5% courtesy adjustment for all treatment paid at the time of services. This excludes Orthodontic care.
- CREDIT CARDS: For your convenience, we accept payment by Mastercard, Visa, American Express, and Discover.
- PAYMENT PLANS: For patients who desire a monthly payment plan, we have made arrangements with finance companies. There are no application fees, down payment and loans can be interest free. Applications are available from our office and approval is provided quickly.

PAST DUE BALANCE

A past due balance is any amount owed from a prior visit where insurance is not pending or an insurance payment has not been received within 60 days. All unpaid balances are subject to a 1.5% monthly service charge. Any delinquent account will be required to pay all past due balances in full before incurring any new charges. All future charges will need to be paid at the time services are rendered. Severely delinquent accounts will be assigned to a collection agency.

CANCELLATION AND NO-SHOW FEE

Patients who do not provide 24 hours notice for cancellations will be charged \$25.00.

RED FLAG RULE

The Red Flag Rules was created by the Federal Trade Commission, along with other government agencies such as the National Credit Union Administration, to help prevent identity theft. The rule was passed in January 2008. In order to comply with this rule, our office will be requiring the following information in order to be treated in our facility.

1. All new patients will be required to present a valid photo identification card issued by a local, state, or federal government agency, and we shall copy said identification to keep in our files.
2. In the case where a new patient does not have a valid photo ID, two forms of non-photo identification, one which is issued by a state or federal agency, will be obtained as well as a water or utility bill or other form identifying the correct or current address.
3. If patient refuses to present identification:
 - a. In an emergent situation, we shall refer the patient to the nearest hospital for care.
 - b. In a non-emergent situation, we shall reschedule the appointment for a later date in which that patient will be required to bring the necessary identification.

You have the right to a paper copy of this notice. You may ask us to give you a paper copy of the notice at any time (even if you have agreed to receive the notice electronically). To obtain a paper copy, ask the Privacy Official.

Signature of Patient / Legal Guardian

Date

Printed Name