

## ALPINE DENTAL ASSOCIATES

Thank you for choosing our office! Our primary mission is to deliver the best and most comprehensive dental care available. We are committed to providing the best doctor to patient experience possible.

### Please Note:

Appointments are a time that has been reserved especially for you. **If you must change your appointment, we require at least 24 hour notice to avoid a possible \$90.00 cancellation fee.** (Emergencies are an exception)

### Standard of Care:

At your first visit, our dental professionals will take a full mouth series of x-rays. Every six months thereafter, another set of x-rays including, but not limited to, bitewing and periapical films will be taken. This is to ensure your oral health remains in optimal condition.

### Payment Policy:

**We require payment at the time of service, unless other arrangements have been made.** You may choose from the following payment options:

- Payment in full by cash, check, HSA, care credit or credit card. (We accept all major credit cards).
- In house financing is an option when you make a 20% down payment towards your dental care.
- Accounts are considered delinquent if a payment has not been made within 90 days. After 90 days, accounts will begin accruing interest of 2.0% per month. You agree, in order for us to collect any amounts you may owe, we may contact you by any telephone number associated with your account. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us.
- **For patients without insurance:** Payments made in full at time of service will receive a 5% discount for fees in excess of \$200.00. Senior citizens (60+) will receive a 10% discount for fees in excess of \$200.00.
- **Please note:** A \$20.00 fee will be applied for returned checks

### Patients with insurance, please read carefully:

- *As a courtesy*, we do bill directly to your insurance company. However, **it is your responsibility to know and understand what your insurance will and will not cover.** Since we are committed to providing you with the best care possible, we do not allow insurance companies to dictate your treatment. We will work with you to the best of our ability to ensure you are getting the most out of your dental benefits. Any questions or comments regarding your benefits should be directed to your insurance carrier.
- **I understand and agree that Alpine Dental Associates does not represent my dental insurance company and cannot make any representation or warranty that my dental insurance company will cover all, or any portion of the dental services provided to me. I further understand that I am responsible to pay for any and all amounts not paid or covered by my dental insurer. I realize that my balance will be the direct result of amounts remaining due to deductibles, coinsurance and amounts not paid by my dental insurer due to exhaustion of my benefits. (PLEASE INITIAL: \_\_\_\_\_)**

**\*\*\*\*If you have any questions, please do not hesitate to ask\*\*\*\***

Patient, Parent, or Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name (please print): \_\_\_\_\_