



FINANCIAL POLICY AND AGREEMENT

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Thank you for choosing Canyon Golf Family Dentistry. In an effort to better serve you, we would like to take the time to explain the financial policy at our office.

Keeping your mouth healthy means keeping you healthy! It is our goal to provide you the best possible dental care for you and your family. We have different financial options available to fit your budget. Our dental office accepts the following forms of payment:

- ⌚ Cash
- ⌚ Personal Checks
- ⌚ Debit Cards
- ⌚ Major Credit Cards (VISA, MasterCard, Discover and American Express)
- ⌚ Your Health Credit
- ⌚ Most Insurances (Please inquire with one of our administrative staff about your dental insurance carrier.)

Payment is due at time of service. As a courtesy for those with insurance, we do accept assignment of your insurance; however, your estimated patient portion is due at the time of service. Once you provide our office with your dental insurance information, we contact your insurance company and verify your benefits. The information we receive from your insurance company is only an estimation of coverage and not a guarantee. After you have been seen in our office, we will file your claim to the insurance company directly. If the insurance company does not cover the estimated amount in full, you will receive a statement in the mail and be responsible for the remaining account balance. Patients with insurance where our office is out-of-network, please note that there may be a difference on how much of your treatment your insurance will cover. Unfortunately, we are unable to quote you exactly what your insurance will pay due to insurance carriers being unable to guarantee coverage until the claim has been received. While we do contact your insurance company to obtain a benefit breakdown for us to estimate, the balance or any portion not paid by insurance after 45 days is your immediate responsibility. Interest of 15% will be charged to all outstanding balances 45 days past due of service unless specific financial arrangements have been made with our office. If a check is returned unpaid, we will administer a \$50.00 return check fee.

In some cases requiring laboratory work, it may be possible to pay for treatment with at least 50% due on the day of the initial treatment and the balance paid in one or two subsequent payments. One of our administrative staff will discuss these payment options with you.

We reserve the right to charge a **\$50.00** fee for missed, cancelled or broken appointments without **two business days (48 hours) advance notice**. Your time and our time is valuable. We need to utilize our time in the best way to benefit all of our patients. Last minute changes hurt everyone, so we appreciate your help with this problem.

There is bookkeeping courtesy of 10% for treatment paid in cash without any insurance coverage.

We are happy to work with you to plan the most appropriate payment arrangements. Helping you keep your teeth healthy is our ultimate goal!

Thank you for choosing Canyon Golf Family Dentistry for your dental needs. We look forward to a long lasting relationship with you.

ACKNOWLEDGEMENT

My signature below indicates that I have read, understand and agree to the payment policy above. Additionally, my signature below also authorizes the release of information of my dental records to my insurance company and I authorize direct reimbursement to Bryan E, Soto, DDS at Canyon Golf Family Dentistry.

Printed Name of Patient or Responsible Party

Date

Signature of Patient or Responsible Party