

FINANCIAL POLICY

Thank you for choosing Aquidneck Dental, Inc. as your dental health care provider. We deliver the finest care at the most reasonable cost to our patients, therefore payment is due at the time service is rendered. For your convenience, Aquidneck Dental, Inc. accepts cash, checks, MasterCard and VISA. 6 month interest free payment plans are available through CareCredit for qualifying patients and must be arranged prior to treatment.

PATIENTS WITH DENTAL INSURANCE

Dental Insurance often does not usually cover the total cost of your treatment. Based on your individual plan, we usually can **estimate** the amount of your co-payment. When treatment is delivered to you, your co-payment will be expected at that time. Most insurance companies will respond within four to six weeks, Please call our office if your statement does not reflect your insurance payment within that time frame. Any remaining balance after your insurance has paid is your responsibility. Your prompt remittance is appreciated. If your insurance company fails to pay within 60 days of your claim, you will be responsible for the full fee.

Aquidneck Dental, Inc. requires 48 hours notice for any appointment change or cancellation to avoid an office visit fee. In an effort to hold down costs, Aquidneck Dental, Inc. no longer sends monthly statements. Any balance owed after insurance has processed claims will be due upon receipt. Payment that is not made within 30 days will accrue interest at a monthly rate of 1.0% or 12% annually.

Thank you.

ACCEPTANCE AGREEMENT

I understand and agree with the above financial policy. I understand the parent or relative bringing a child for dental treatment is responsible for all fees incurred at that visit. I further understand that I am responsible for **ALL** fees, regardless of insurance coverage.

Patient/Responsible Party: _____
PLEASE PRINT NAME

X _____
PLEASE SIGN

DATE