

Avalon Family Dentistry, Inc.

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Financial Agreement

It is our goal for patients to clearly understand their treatment needs, as well as their financial responsibility before treatment begins. We would like to make dental treatment affordable to all of our patients. Therefore, we offer the following financial arrangements:

1. **5% Cash Discount:** For cash payments for the full treatment amount at time of service. An additional 5% courtesy is offered to our patients 65 and older.
2. **Visa or MasterCard or Discover**
3. **Patients with Insurance:** Estimated portion not covered by insurance is due at the time of service.
4. **Patients without Insurance:** Payment for dental services is due at the time of service.
5. **Financing:** For patients requiring extensive treatment, same as cash or low interest financing is available OAC through CareCredit.

For Our Patients With Dental Insurance

Because we understand that dental insurance plays a role in helping many people defray some of the costs of dental care, we would like to share with you the following information about dental insurance:

Please understand that our responsibility is to provide you with the treatment that best meets your needs, not to try to match your care to insurance plan limitations. Dental insurance plans do not correspond to individual patient needs, and as such; many routine and necessary dental services are not covered, even though you may need those services.

In spite of what you plan says, we've found that many plans actually pay less than what you might expect. The benefits you plan pays are largely determined by how much your employer/union pays in premiums for the plan. The less they paid for the plan, the less you'll receive. We are happy to submit your claims and help you receive the maximum benefits due you, but please understand that we cannot accept responsibility for collecting and insurance claim, or for negotiating disputed claims.

For treatment that requires dental laboratory service, you will be responsible for half of your share at the initial appointment. A finance charge of 1% per month is applied on all accounts after 90 days.

Regardless of insurance coverage, I am responsible for the payment of all dental fees for myself and/or my dependents.

Appointment Cancellation Policy

Please be aware that to provide the best possible service to our patients we have a definite appointment policy. We set aside quality time for each patient. It is very difficult for us to accommodate short-notice schedule changes and cancellations. **Therefore we require two workdays notice (Monday-Friday) to change a scheduled appointment.** There will be a **\$45.00** charge for last minute cancellations or missed appointments without two workdays notice. Thank you for your consideration.

I have read and understand the above financial and cancellation policy.

Signature _____ Date _____

