

Financial Guideline

Thank you for choosing our office as your dental health care provider. At Plaza Dental Group we are committed to providing you with the best possible dental care, so that you may fully attain optimum oral health. Please understand that payment of your bill is considered part of your treatment. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy.

Payment is due at the time service is provided. Our office accepts cash, personal check, CareCredit, MasterCard, Visa, American Express and Discover. Outside financing is available upon request and approval. You are our main priority and we will gladly assist you by submitting all insurance claims pertaining to charges for care rendered in our office. We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however that:

Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.

When our office calls to verify estimated insurance benefits the insurance company will always have a disclaimer that there is no guarantee of benefits. Insurance companies have the liberty to change your benefit structure at any given time without notifying our office. Having dental insurance does not guarantee payment.

We must emphasize that as a dental care provider, our relationship is with our patient and their families and not with their respective insurance companies. While the filing of the insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you!

We ask that you sign this form required by your insurance company. This form instructs your insurance company to make payment directly to our office.

I acknowledge I have read, understand and agree to the above terms and conditions. I authorize my insurance company to pay my dental benefits to my dental office.

Patient Name (Print)

Patient/Guardian Signature

Date