

Alamo Springs Dental, PLLC Financial Policy Statement

Address: 11590 Galm Rd., Suite 109 San Antonio, TX 78254 | Phone: (210) 463-9339

In an effort to provide you with flexible payment arrangements, we have detailed our payment policy below:

PAYMENT ARRANGEMENTS ARE REQUESTED **AT THE TIME OF YOUR VISIT**. We now offer the following payment options: **Cash, Care Credit, Check, Credit Card** (with a guarantee that any amount not covered by insurance will be billed: Discover, American Express, Visa or Mastercard). *Our office is a fully approved and accredited user of the Visa and MasterCard Health Care Program which will enable you to use your Visa and MasterCard to automatically cover amounts not paid by our insurance. You may also choose a comfortable amount to be automatically billed to your Visa or MasterCard on a monthly basis.*

Also, please remember:

ALAMO SPRINGS DENTAL IS NOT PARTY TO YOUR INSURANCE CONTRACT. YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU, YOUR INSURANCE PROVIDER, AND/OR EMPLOYER; therefore,

- **It is the patient's responsibility to report any changes to their insurance plan. These changes may affect how much money is owed to the practice and if not disclosed, you will be responsible for the balance.**
- **Our office verifies benefits and files insurance claims as a courtesy to our patients; however, the patient is responsible for understanding what their plan ultimately covers and any maximums, restrictions that apply.**
- Our office may refer you to your carrier or your employer's benefits coordinator for assistance in understanding your plan.
- We cannot be involved in disputes between you and your insurer regarding deductibles, covered fees, co-payments, secondary insurance, and usual and customary charges.
- We will follow the guidelines for patient care, reimbursement and submission of claims for services rendered.
- We do our best to **estimate** what your insurance will cover and your insurance will be billed promptly following your procedures. You are responsible for any remaining balance on the account at that time.
- Any unpaid balances older than 90 days may be subject to collection placement or collection fees.
- For any credit card on a recurrent payment that fails, the patient is responsible to disclose any changes to the credit card within **30 days** or the incurred balance will be forwarded by the office to a collection agency.

PLEASE GIVE 24-HR NOTICE FOR APPOINTMENT CANCELLATION!

We understand that life happens, and if you must cancel or reschedule your appointment, all cancellations must be made at least 24 hours in advance. This allows us to see our patients on time and also helps us give more affordable dental care to all of our patients. If you fail to give 24-hour notice of cancellation, we charge a **\$75.00** cancellation fee for missed appointments. It is also crucial that all patients confirm their appointment via phone call, email, or text. Unless otherwise indicated by the patient, all scheduled appointments will receive a reminder text with the option to confirm their visit. We may also call to confirm. **If we are unable to reach you to confirm within 24 hrs. of your scheduled visit, or if you are unresponsive to our attempts at confirmation of the visit within 24 hrs., your appointment is subject to cancellation and a \$75.00 fee. Confirmation is required for all patients to hold their appointment.**

*As a courtesy to you, Alamo Springs Dental does its best to estimate your patient portion and file claims on your behalf. This is only an **ESTIMATE** and NOT a guarantee of payment until your insurance has finished processing the claim. You are fully responsible for any balances not paid by your insurance company. Treatment requirements and estimates are subject to change.*

We are grateful for the opportunity to provide dental health care to you and your family.

Patient Signature: _____

Date: _____



