

INSURANCE POLICY

We are happy to file your dental insurance as a courtesy to you but please remember that your dental insurance is your responsibility. Many plans tell their insured that they will be covered 50% up to 100%. In spite of what you are told, we have found that most plans cover less than the average fee. Your dental insurance is a contract between your employers and the insurance company. The term "usual and customary fees" is used by insurance companies to denote a set amount per procedure for which they base their payment of benefits. That amount can be and may be lower than our treatment fees; nonetheless, you are responsible for all fees not covered by insurance. Many insurance companies have limited services they will cover. We urge you to read your policy or call your insurance company for policies, limits, non-covered treatments, etc. Please do not hesitate to ask us any question. We want you to be comfortable in dealing with these matters and we urge you to consult us if you have questions regarding our services or fees. We are happy to **ESTIMATE** what your insurance may pay, but it is only an estimate and you are responsible for all unpaid fees.

I, _____ understand that I am responsible for all treatment fees including those not paid by my insurance company.

FINANCIAL POLICY

Dr. Balderrama and his staff are committed to dental excellence and to service in all areas of dental care. In an effort to make your dental care financially comfortable, we offer the following payment options:

We accept the following payment methods:

1. Cash
2. Check
3. Credit Card
4. Care Credit - applications offered in our office

I, _____ will be paying with _____.

NO SHOW POLICY

It is the policy of Dr. Balderrama's office that **you will be charged a fee of \$50.00 if you miss your appointment.** This fee will not be sent to your insurance company as a claim and it will have to be paid in full prior to your next appointment. **If you miss two (2) appointments,** you are considered a chronic no show and we will no longer continue our patient/dentist relationship. If you call and reschedule your appointment consistently, you could also lose your patient/dentist relationship.

Signature _____ Today's date: ___/___/___