

Apex Dental Financial Policy

**FULL PAYMENT AND PAST BALANCES ARE DUE AT TIME OF SERVICE.
WE ACCEPT CASH, CHECKS, ALL MAJOR CREDIT CARDS AND CARE CREDIT.**

Regarding Insurance

We cannot bill your insurance unless you bring in all insurance information to your visit. We request that any co-payments, deductibles, and services not covered by your insurance plan be paid at the time the service is provided. As a courtesy, we do our best to provide accurate estimates of what your insurance will cover. If your insurance company has not paid your account in full within 90 days, the balance will be automatically transferred to your account and the payment will be your responsibility. We request that you pay within 30 days of receiving your statement to avoid **interest** charges.

Minor Patients

The adult accompanying a minor and/or the parents (or guardians) are responsible for full payment at the time of service. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized by an approved credit plan, credit card, or payment by cash or check at the time of service.

Collections

Our practice cannot carry balances longer than 180 days. Any account that has not received payment will be handed over to a collection agency that will pursue the responsible party for reimbursement. You will be informed if your account is delinquent so you can avoid collection action.

Appointments

Unless cancelled at least **48** hours in advance, our policy is to charge **\$50.00** per missed appointment.

Initials _____

I have thoroughly read the financial policy. I understand and agree to this financial policy.

Printed Patient Name: _____

Signature: _____ **Date:** _____