



ARDEN PREMIER  
DENTISTRY

[ardenpremierdentistry.com](http://ardenpremierdentistry.com)

**Jessica O. Planer, DDS**

Thank you for choosing Arden Premier Dentistry for your dental care needs. We appreciate your trust in us and the opportunity to serve you. In an effort to contain costs, we require that all patients read and consent to this Financial Policy prior to treatment. If you have any questions, we will be happy to discuss our policy with you.

### **FINANCIAL POLICY**

**PAYMENT:** All fees for routine dental services (examination and x-rays) are due in full on the date service is rendered unless pre-arrangements have been made with the Doctor. We accept cash, checks, credit cards (VISA, MasterCard, Discover and American Express), Care Credit, and some forms of insurance. The patient assumes co-pays, deductibles, and remaining Patient Responsibility.

**DISCOUNT:** For patients without dental insurance, we offer a five percent (5%) courtesy discount when paying by cash or check.

**MAJOR PROCEDURES:** For patients without dental insurance, all major work, such as crown and bridge, dentures, partial dentures, root canal therapy, root planing, or extensive general dentistry will require a down payment equal to one-half of the total cost for the first visit in which treatment is started. The remaining balance is due upon the completion of treatment unless other payment arrangements have been made with the Doctor.

**INSURANCE:** We submit claims to most insurance carriers. Please remember that insurance coverage is a contract between you and your carrier. You, the insured, are responsible for payment on claims that are 1) denied, 2) unpaid due to deductible, 3) partially paid, or 4) specifically partially paid due to the carrier's arbitrary determination of "usual and customary" rates. All balances are due and payable upon receipt.

**In-Network Non-Covered Charges:** If you have an in-network insurance plan, there may be some services that are considered non-covered based on the insurance company. These non-covered services are Patient Responsibility and will be an out-of-pocket expense.

**CARE CREDIT:** We are a Care Credit Participating Provider. For your convenience and affordability, the Care Credit Program offers a choice of payment plan options to fit your needs. This financing program is an agreement between you and Care Credit.

**MINOR PATIENTS:** Parents must accompany minor patients to their first dental appointment. For unaccompanied minors, nonemergency treatment may be denied without proper insurance documentation or payment arrangements.

**DELINQUENT ACCOUNTS:** Delinquent balances will be forwarded to the collection agency after all reasonable attempts to collect have failed. To remain an active patient, it will be expected that you pay the collection fee incurred and may be required to prepay future appointments to bring your account history in good standing.

**CANCELLED OR FAILED APPOINTMENTS:** We understand that from time to time emergencies arise which may require that you miss a prescheduled appointment. However, as our time is valuable, we politely request a 24 hour notification to make changes to an appointment. This allows our office time to attempt to fill the vacancy. A history of last-minute cancellations or failed appointments may result in a down payment to hold your next appointment.

I have read this Financial Policy, understand its contents, and agree to abide by the policy for all services provided by Arden Premier Dentistry.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient, Parent or Guardian)