

AVANTI DENTAL CARE

FINANCIAL AGREEMENT

Thank you for choosing Avanti Dental Care as your dental provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require you read and sign prior to any treatment.

Payment:

Full payment is due at the time of service. We accept cash, check, Visa, Mastercard, Discover, and American Express. We also offer financing through CareCredit.

Dental Benefit Plans:

Please be aware that some or perhaps all the services provided may or may not be covered by your insurance policy. Estimated patient **co-payments** and **deductibles** are due at the time of service. Any remaining balance is your responsibility after insurance payment.

After insurance reimbursement, we will notify you if you owe an additional payment. Your remaining balance is due upon receipt. Unpaid balances over 30 days old will be subject to a monthly interest rate of 1.5% (18%).

Please **read** your benefits booklet or **call** your insurance company to learn about your expected level of coverage.

Missed Appointments:

If you find you must change or cancel an appointment, please notify our office as soon as possible, but **no later than 48 hours in advance**. Your appointment time has been reserved for **you**. If you cancel without 48 hours notice, or you fail to show for your appointment, **you will be billed \$75.00 per hour missed**. Text or email confirmations will be sent prior to your appointment. Please help us serve you better by keeping scheduled appointments.

It is important that you value our time; just as we will value yours.

HIPPA Acknowledgement

I acknowledge that I have received a copy of the Notice of Privacy Practices for Avanti Dental Care, P.C.

Printed Name: _____

Patient's Signature: _____ Date: _____

April, 2024