



Eagle Glen Dental

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Written Financial Policy

Thank you for choosing us as your dental care provider. Our primary mission is to deliver the best and most comprehensive dental care available. Please understand that we request FULL PAYMENT OF FEES AND COPAYMENTS AT TIME OF SERVICE unless prior financial arrangements have been made. In order to maintain a vital business operation, our practice depends upon reimbursement from our patients for the costs incurred in their care. The following is our financial policy, which we would like you to read and sign prior to any treatment.

Payment Options:

1. Cash or Debit (checks are not accepted)
 - * We offer a 10% courtesy accounting adjustment to uninsured patients who pay for their treatment with cash prior to completion of care.
2. Visa/MasterCard/American Express or Discover Card
3. Care Credit

Dental Insurance: Understanding the value of dental insurance, our office will assist you in obtaining the maximum benefits of your plan. As a courtesy to you, we will file insurance claims on your behalf, collect your estimated copayments and deductibles at time of service, and accept assignment of benefit payments from your insurance company. Our estimates are based on limited information obtained from you and your insurance company. Depending on eligibility, exclusions, limitations, and restrictions of each insurance plan, we cannot guarantee what your plan will pay. The patient/responsible party is financially responsible for all dental services provided to him/her and any dependents.

Treatment Estimates: The office routinely provides our patients with an estimate of cost for treatment. Since your insurance determines the benefits payable for services the office cannot be held responsible for 100% accuracy on any estimate for treatment.

Information Update: Notification of changes in insurance, medical history, marital status, residence, phone numbers and email Addresses are your responsibility for yourself and dependents prior to your appointment.

Cancelled/Broken Appointments: Out of respect for all our patients, please give us **48 hour notice during business hours for cancellation. Broken or cancelled appointments without 48 hour advanced notice will be charged \$50 per occurrence.** A history of excessive cancelled/broken appointments will require a \$50 reservation fee or pre-payment for your visit to reserve your appointment. Our office is a private family practice and we do not book multiple patients at one time to avoid waiting. Your appointment reserves time just for you and last minute cancellations can cause hardships for other patients and the office.

Dental Records and X-rays: In case of relocation or transfer of dentist and pursuant to HIPPA law, any request for copy of dental records/x-rays must be in writing. There will be a charge of \$30 for a printed copy of full dental records. We will send a printed copy of dental records/x-rays once payment is received and within 15 days of such written request. Despite our best effort to scan, copy or print the records/x-rays, the quality of a copy may not be 100% duplicated as the original.

Billing Policy: As a courtesy, we will bill your insurance company for services rendered. Once payment is received from the insurance company, you will receive a billing statement for the balance due. It is expected that your payment will be made in 10 (ten) days. If your payment is not received, it will be considered past due and may be sent to collections. If an account is turned over to a collection agency and /or attorney for collection, the account holder will be responsible for all attorney and/or collection fees. Any balance that is ninety days (90) past due is subject to being sent for collection.

I have read, understand, and agree to this policy above.

Patient's Name

Patient's/Guardian's Signature

Date