



INSURANCE AND FINANCIAL POLICY

24481 Alicia Pkwy, #B-3, Mission Viejo, CA 92691 • 949.586.9800 • www.aliciaopds.com

At **Alicia Orthodontic & Pediatric Dental Specialties** we believe that you deserve the best care. That's why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits, but some don't. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know. . . .

*Your dental benefits are based upon a contract made between your employer and insurance company. **If you have any questions regarding your dental benefits, please contact your employer or insurance company directly.** Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.*

We currently accept all private care insurance plans and most managed care plans. This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore, it is impossible to give you a guaranteed quote at the time of service. We "**estimate**" your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your exact insurance benefit, we will be happy to file a "Pre-Treatment Authorization" with your insurance company prior to treatment. This does delay treatment, but will give you exact out-of-pocket figures you may require.

We will bill your insurance as a "**courtesy**". If your insurance does not pay **within 90 days, Alicia Orthodontic & Pediatric Dental Specialties** reserves the right to request payment in full for the services from you, and let you collect the insurance funds that are due to you. This is rare, but it is important that you recognize that the insurance you have is a legal contract between **YOU** and your insurance company. Our office is not, and cannot be, a part of a legal contract. **Ultimately, you are responsible for all charges incurred in our office.**

Alicia Orthodontic & Pediatric Dental Specialties does require payment in full for your portion **at the time of service**. We accept MasterCard, Visa, American Express, Discover, cash and checks (for existing patients with established payment history). If you are in need of an extended finance option, we also work with: Care Credit, who offers a 12 month "same as cash" or longer terms with an interest-bearing revolving charge designed to meet your treatment plan needs on approved credit. Just ask one of our Patient Service staff for an application.

Broken Appointments: A specific amount of time is reserved for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least a 24 hour notice to avoid a **\$35.00 cancellation fee** (emergencies are an exception).

We welcome you to our family and look forward to helping you get the healthy, beautiful smile you have always wanted. If there is anything we can do to make your visits here more pleasant, please don't hesitate to ask one of our staff members

Print Last Name: _____ First Name _____

Signature: _____ Date: _____