

Financial Policy

Amador Family Dentistry, PLLC.

Thank you for choosing us as your dental care 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 that you read and sign prior to receiving any treatment.

1. We accept cash, check, Visa, Mastercard, Discover and American Express for all payments following your dental visit.

The patient is responsible for all bank charges that are incurred due to returned checks

2. If you have a dental insurance that we are not a participating provider with, we will gladly file your claim for you. However, the insurance company will be reimbursing you directly. Therefore, we ask that you pay for the treatment received at the end of your visit. Any co-payments and deductibles are due at the time of the visit for the patients that have insurance plans that we are a participating provider with.
3. Our practice is committed to providing the best treatment possible for our patients. We charge what is necessary to provide that service based on our experienced staff and on-going training.
4. Missed appointments prevent other patients from receiving the dental care they need and cost us unnecessary overhead. Unless your appointment is canceled at least 24 hours in advance, we reserve the right to charge at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

I have read the above Financial Policy. I understand and agree to follow the office policies and guidelines established in this Financial Policy.

Patient or Responsible Party

Date