



ADVANCED DENTISTRY  
*of* COLLEGEVILLE  
NELLY SILVA, DMD

CREATING BEAUTIFUL, HEALTHY SMILES THAT LAST A LIFETIME.

## **OUR OFFICE POLICY**

### **GENERAL**

Thank you for choosing our practice as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read, and sign prior to treatment. All patients' must complete our Information and Insurance form before seeing the doctor. **FULL PAYMENT IS DUE PRIOR TO SERVICES BEING RENDERED.**

**WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER, AMEX and CARE CREDIT**

### **SCHEDULING OF APPOINTMENTS**

To schedule appointments for dental work, we do require a minimum of 50% of the patient's portion of copay for a down payment towards their services. A 5% discount will be offered for copays pre-paid in full of a balance over \$100. We apologize for any inconvenience in advance, but we appreciate your cooperation.

### **REGARDING INSURANCE**

Fees are **estimates** only, and valid for 30 days from the date shown above and are subject to revision. Treatment could be altered if your dental needs change. The patient will be notified of any change(s) in treatment.

### **REGARDING INSURANCE PLANS WE ARE A PARTICIPATING PROVIDER WITH**

ALL ESTIMATED portion and deductibles are due prior to treatment. If YOUR insurance coverage changes to a plan where we are non-participating providers, refer to above paragraph.

### **USUAL AND CUSTOMARY RATES**

Our practice is committed in providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any issuance company's arbitrary determination of usual and customary rates.

### **ADULT PATIENTS**

Adult patients are responsible for full payment prior to having services rendered.

**MINOR PATIENTS**

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to be approved; Visa/MasterCard/Discover/Amex, or payment by cash or check at time of service has been verified.

**MISSED APPOINTMENTS**

Unless canceled, at least 2 business days (Monday-Thursday) in advance, our policy is to charge for missed appointments at rate of \$50.00 to the full amount of the schedule visit. Please help us serve you better by keeping scheduled appointments.

**INTEREST**

We reserve the right to charge interest in the amount of 18% per annum as provided by state law for any unpaid balances. Thank you for understanding the Financial Policy.

**CONSENT**

I understand and agree to this Financial Policy.