

Alison Jones, D.D.S., P.A.
Financial Policy

Thank you for choosing Alison Jones, D.D.S., P.A. for your dental needs. We are committed to providing you with excellent care. Our financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees and patients' financial capabilities.

Payment

Payment in full is due at the time of service for all self-pay patients (unless prior arrangements are made) and within 15 days of the first Billing Statement for those with insurance. We offer several payment options;

- Cash, Check, Credit Card (Visa, MasterCard, Discover and American Express)
- Smile Advantage Membership ("SAM")
- CareCredit: third-party zero and low interest financing. *Cannot be used in conjunction with SAM.*
- For treatment exceeding \$500 and paid by cash or check within 15 days of treatment, we offer a 5% Full Payment Courtesy Discount. *Cannot be used in conjunction with SAM.* _____(initial here)

Insurance

Our office is committed to helping patients maximize their dental plan benefits. We are a preferred provider only for Delta Dental (Premier & PPO plans), but file claims to all dental plan companies as a courtesy. Please keep in mind that your dental benefit plan is a contract between you and your dental provider company; Alison Jones, D.D.S., P.A. is not a party to that contract. Any amount not covered by your plan is to be paid by the patient/Guarantor within 15 days of the first Billing Statement. A Predetermination will only be filed at the request of the patient and is not a guarantee of payment. _____(initial here)

Comprehensive Treatment

We require \$150 per unit (tooth) down payment at the first appointment for treatment needing multiple appointments (i.e. crowns, bridges, complete and partial dentures). _____(initial here)

Missed Appointments

Our office requires 24 hours notice to cancel/reschedule existing visits with us. If we do not receive such notice, we reserve the right to charge a fee (currently \$45). If an appointment is missed, cancelled or rescheduled more than 3 times in a row, we ask that the patient/guarantor pay in advance to book any future appointments. _____(initial here)

Finance Charge

Balances over 90 days will begin to accrue a monthly 1.5% Finance Charge (18% APR). _____(initial here)

We reserve the right to change the Financial Policy without notice. A current copy of the Financial Policy will be available on the website (www.alisonjonesdentistry.com). We encourage all patients to review this Policy before all appointments. If you have any questions, please call and speak to our Office Manager, Ashleigh: 913-491-0077

I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF THE ABOVE POLICIES AND I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO THE PRACTICE (WHEN ALLOWED).

SIGNATURE

DATE

PLEASE PRINT NAME

Dental Benefits

CARRIER: _____

SUBSCRIBER: _____

DATE-OF-BIRTH: _____

MEMBER ID NUMBER: _____

Please bring your benefits card up to be scanned into file.