

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)**

Insurance

Our office is committed to helping patients maximize their insurance benefits. We are a preferred provider only for Delta Dental (Premier & PPO plans), but file claims to all insurance companies as a courtesy. Please keep in mind that your insurance plan is a contract between you and your insurance company; Alison Jones, D.D.S., P.A. is not a party to that contract. Any amount not covered by insurance 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)**

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)**

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. _____ **(initial)**

Finance Charge

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

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 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