

TIMBERLANE FAMILY DENTISTRY

Thomas Salinas, DDS
1972 N. Future Terrace
Lecanto, FL 34461

Financial Policy

The following information is to inform you of our financial policy. If, at any time, you have questions regarding this policy, please do not hesitate to ask any member of our front desk team.

We are committed to providing you with the highest quality of care. Our fees are a reflection of the quality of care we provide. We continue our commitment by offering a variety of financial options to enable you to receive the dental care you need. We accept cash, check, Visa, MasterCard, American Express and Discover. We also accept Care Credit and Lending Club, which offer the flexibility of no interest payment plans.

****Check policy:** If your check is returned for any reason, there will be a returned check fee of \$35 PLUS the processing fee associated with our financial institution. Upon notice of a returned check to our office, your balance must be paid in full using either cash or credit card.**

We will communicate all recommended treatment options and associated fees prior to the start of treatment. Payment is expected at the time of treatment. It is our policy that the guardian who accompanies a minor to our office for treatment is responsible for payment of all services needed.

We are committed to respecting your time and ask that you make every effort to keep the appointment time reserved exclusive for you. We understand there may be times when you are unable to keep your scheduled appointment, however, we do ask that you provide our office at least a 24 hour notice should you need to reschedule. We reserve the right to impose a \$50 charge for appointments cancelled within 24 hours.

As a courtesy to our patients with dental insurance benefits, we will submit and provide any necessary information to assist you in receiving your dental benefits. We require that any applicable deductibles and estimated portions be paid at the time treatment is rendered. We do accept assignment of benefits (meaning that most insurances will send payment directly to us) to help reduce your immediate out-of-pocket expense. We can not guarantee payment from insurance companies and any remaining balance left after insurance payment is patient's responsibility.

Please contact your insurance carrier prior to your visit to obtain essential information which will accurately reflect your coverage.

****Insurance is a contract between YOU and your insurance company. It is your responsibility to understand the type of dental insurance you have and the benefits selected by you and/or your employer.**

****You (not the insurance company) are responsible for the fee of services rendered.**

PRINT: Name of Patient/Guardian

Signature: Patient/Guardian

Date