

**Dr. Carol K. Alvarado, D.D.S**  
**Cosmetic and General Dentistry**  
**Financial Policy**

Thank you for choosing our office for your Dental care. We will strive to exceed your expectations and provide you and your family with the highest quality of dental care. To keep our standard of care at a high level we ask the following guidelines be followed.

**Payment:**

Payment is due at the time of service. We accept Visa, Mastercard, American Express, cash and check. Payment arrangements can be made through an outside finance company that we work with prior to any appointments (details available upon request).

**Insurance:**

We will gladly assist you and file your insurance claims. However, please understand your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. Many routine dental services are not covered by dental insurance. If there are any questions to your coverage our office administrator will help you understand how insurance works to the best of her ability. It is ultimately your responsibility to know and understand your insurance policy. Our dental home is committed to providing you with the best treatment possible for your overall dental health. We must emphasize that as dental health providers, our relationship is with you not your insurance company. While filing insurance claims is a courtesy we give our patients, **all charges are your responsibility.**

**Balance:**

Any balance not paid by an insurance carrier within 45 days, the balance will be payable by you. Any balance not paid for after 45 days will be subject to a monthly interest rate of 1.5% which is an annual rate of 18%. Any balance not paid by the statement due date will be charged a late fee of \$15.00.

**Broken Appointments:**

A 72 hour cancellation notice must be given on all dental appointments or a \$35.00 fee will apply. After two broken appointments the patient must pay for the appointment in full before being rescheduled.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date