

# Ida Alfonso, D.M.D. Inc.

Welcome to our office. Our Office is dedicated to providing the highest quality dental care in a warm and friendly environment. We strive to treat you with the dignity and respect you deserve while providing courteous, dependable service. We do our best to recognize your personal needs and work to earn your trust.

## Financial Policy

...Payment for today's visit and your future visits is due at the time of treatment. In order to respect yours and the doctor's time we will require payment to book the future appointment. We are sensitive to the fact that some people may not be able to pay cash for their treatment. Therefore we offer several alternative payment programs for your assistance and convenience. These are:

Check    Any Major Credit Cards    External Financing

...Monthly Payment Plans (External Financing): These are separate lines of credit card that do not affect the balances of your other credit cards. Unlike other credit cards there are no annual fees, monthly payments may be as low as 3% of the outstanding balance. Completion and approval of proper credit application is required. You can choose from our two external financing options: **Care Credit Patient Payment Plans or Lending Club.**

## For Insurance Carriers

...As a courtesy, we will send your insurance claims for payment; any co-payments by the insured will be due upon treatment. Assignment of Benefits will have to be rendered to the office. **On some instances, Insurance Company may send payment directly to you or the subscriber payment for services rendered need to be forwarded to Dr. Ida Alfonso, with the statement of treatment to properly settle your account.** (Please sign other forms for assignment of benefits.)

## Appointment Cancellation and Records/X-rays Duplication

...We respect and value your time. Twenty-four hour notice is required for cancellation or to reschedule an appointment. This will allow us to offer the void time to other patients needing treatment. Your account will be charged a fee of \$150 per hour of treatment for "No Show." cancellation and/or rescheduling an appointment less than the requested 24 hours notice.

...All original x-rays taken in conjunction with diagnosis and treatment are the legal property of our office. Request for copy requires your signature. Printed copies may be picked up or mailed to you after 5 working days.

\_\_\_\_\_  
As the responsible party, my signature acknowledges that I have read and understood fully the information above.

\_\_\_\_\_  
Date