

Financial / Office Policies

Thank you for choosing Davis Dental Group. We are committed to the success of your dental treatment and care. Please understand that payment of your bill is part of this treatment and care. For your convenience, we have answered a few commonly asked financial policy questions below. If you need further information about any of these policies, please ask to speak with the billing manager.

How may I pay?

We accept payment of Cash, Visa, Master Card, Discover and Care Credit.

What is my financial responsibility for services?

You will be financially responsible for all co-pays and/or deductibles at the time of service, depending on the type of insurance plan you have. If you do not have insurance, payment in full is due at the time of service. There is a discount to patients without insurance coverage, for cash payments there is a 10% discount, 5% discount for debit and credit cards.

What if my insurance doesn't pay?

It is your responsibility to know what is covered and what is not covered by your insurance plan. If your insurance chooses not to pay Davis Dental Group for whatever reason or they choose to delay payment, YOU will be responsible for payment. If payment is not received from your insurance company within 60 days you will become responsible for the outstanding balance.

What if my account becomes delinquent?

A Delinquent account is any account not paid in full after 30 days. After 30 days, past due accounts are subject to a 1.9% monthly late charge. Delinquent accounts will be sent to our collection agency for recovery after 90 days.

What if I write a check that is returned to your office unpaid?

Our return check fee is \$30.00. If more than one returned check is received on your account, we will require that future payments be made by cash, cashiers check or credit card. If you do not bring in payment for the check and returned check fee the check will be filed with the District Attorney's office for collection. All fees incurred in the filing will be your responsibility as well.

What happens if I am late to my appointment or I fail to show up?

We recognize that patients may need to cancel or change an appointment but request that they provide at least 24 hours notice so we may offer their appointed time to another patient.

If you are over 15 minutes late to your appointment you may be asked to reschedule as this delay affects not only the Dr. but other patients that are scheduled after you.

For office visits, there will be a **\$50.00 charge per ½ an hour for NO SHOW patients or patients who cancel their appointment less than 24 hours in advance**, as these appointment times could have been given to a patient in need.

Please remember that when you receive our statements you have already received quality care from our dentist and your insurance has been filed by us. We would then ask that you pay promptly upon receiving your statement.

Please feel free to contact our business office if you have any questions regarding your statement or insurance. We are happy to answer your questions or to provide additional information.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles, are my responsibility.

I authorize my insurance benefits be paid directly to Davis Dental Group

I authorize Davis Dental Group to release pertinent dental information to my insurance company when requested, or to facilitate payment of a claim.