

## PAYMENT POLICY AGREEMENT



**Payment in full is required on the day of treatment regardless of whether you have insurance coverage.** We will file your claim as a courtesy, but you are responsible to pay for the treatment in full and your insurance company will reimburse you. Each patient, *and not their insurance company*, is responsible for the payment of all charges on the day of treatment.



Insurance claims will be submitted by our office as a courtesy to the patient. It should be remembered that certain services are not always covered by every insurance company. Even within the same insurance plan there may be many individual variations. It is your responsibility to know whether or not your insurance plan will cover the services that you receive in our office. It is simply not possible for our staff to know the details of each and every insurance plan. We will reimburse you for any insurance claims sent to our office on your behalf.



Our office does not participate in any dental insurance plans that require you to select a specific provider for services or in managed dental plans, nor does it participate in Arizona Healthcare Cost Containment System (AHCCCS), Medicare or Arizona Physicians Independent Provider Association (AP/IPA).



A \$25.00 charge will be applied to your account on all returned checks.



By signing below, I agree to the above terms and I agree to pay any collection costs and/or reasonable attorney's fees, if a delinquent balance is placed with a collection agency and/or attorney for collection or suit.

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Print Name

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Signature

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Date