

ULTRA SMILES
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Financial Policies

In an effort to keep dental fees low while maintaining a high level of professional care, we have established the following plans for our patients:

1. Payment in full for each visit is due unless financial arrangements have been made.
2. For patients with no dental insurance, the total fee amount will be due and payable at the time of treatment. We will accept cash, check, and bankcards.
3. We will gladly accept payments from dental insurance companies. Current insurance information must be provided at each visit. The patient will be asked to pay the estimated portion not covered by insurance at the time of the visit. The patient is, therefore, responsible for any unpaid insurance claims after 45 days from the date of service. We can only estimate your insurance portion.
4. A 5% cash discount will be given on any amount of \$1000.00 if paid at time of treatment. .
5. One-half of the total fees may be paid when treatment is started and the balance is due when the treatment is completed.
6. Discover, Visa, MasterCard, American Express are accepted.
7. Divided Payment Plan: Financial arrangements may be made through one of our financing plans. Credit applications are available through our office; i.e. Chase Health Advance and Care Credit. Payments are available for both 6 and 12 months, interest free.
8. A 10% courtesy will be given to senior citizens 63 and older if and when they ask for it. Given for both cash and credit card payments.
9. If patients have a strong financial history with the practice, they may be given the option to pay one-half at start of treatment with the balance divided into three payments to be paid in full within ninety days.
10. Patients will be asked to leave a deposit for 50% of an appointment they wish to reschedule after not showing for that appointment.
11. Patients will be charged \$50.00 for all appointments that are missed with less than 48-hour notice.
12. All accounts over 60 days old will be considered delinquent and payable immediately. If payment is not received by 90 days, the account will be referred to an outside collection agency or attorney's office and will be reported to the credit bureau. The patient or responsible party will be responsible for all attorney's and/or collection agency fees and court costs.

As always our primary goal is to provide the finest dental care available to all of our patients. Thank you for your cooperation in assisting us in this process.

Signature: _____ **Date:** _____