



## *Arizona Premier Dental Group*

7150 N. 7th Street  
Phoenix, AZ 85020  
Phone:602.230.0811

### **FINANCIAL POLICY AND PROCEDURES**

All patients/guarantors are responsible for all payment at the time of service, unless prior arrangements have been made with the office manager.

You have several payment options including accept cash, check, MasterCard, Visa, American Express and Discover credit cards. While we do accept checks, if the check is returned for any reason, a \$25.00 fee will be assessed to you balance. *Care Credit* may be available with interest free options for up to 24 months. Inquire with office staff prior to visit.

### **INSURANCE CO-PAYMENTS**

Insurance co-pays are paid at the time of service. We do not bill for co-pays.

### **DEDUCTIBLES/COINSURANCE**

If insurance deductibles are not met, full payment will be collected at the time of service. If your insurance deductible has been met, your coinsurance amount will be collected at the time of service.

**\*\*\*All fees quoted are based on your insurance. It is NOT a guarantee of coverage or payment. If your insurance denies your claim, you are fully responsible for the entire remaining balance. Our office is not responsible if your insurance denies a claim or makes partial payment. It is your responsibility to ensure that our facility is contracted with your insurance. Contact your insurance for details.**

\* We **DO NOT** bill out medical insurance

Arizona Premier Dental Group is not affiliated with facilities that you have been referred to. This includes other specialty dental offices, scanning facilities and laboratory tests ordered by our general and specialty dentist. Arizona Premier Dental Group is not responsible for balances/or denied coverage from your insurance company.

### **PRIVATE PAY**

If you have no insurance coverage or insurance that we do not participate with, full payment is expected at the time of service.

### **COSMETIC PROCEDURES AND PRODUCTS**

All cosmetic procedures and purchased products must be paid at the time of service. No billing will be done for those procedures or products. There are NO refunds for products purchased in our office.

*CARING FOR ALL YOUR DENTAL NEEDS*



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### **MINORS (Under the age of 18)**

For first time patients under the age of 18, legal guardians are required to be present for the exam. Children that are unaccompanied without their legal guardian must have permission for Dental Examination and/or treatment form signed prior to treatment.

### **APPOINTMENT TIMES**

Just as your time is important to you, your scheduled time is important to us. If you are more than 10 minutes late for your appointment, your appointment may no longer be available and you will be charged a No Show fee of \$25.00. If you fail to show up for your appointment or you fail to cancel your appointment 24 hours prior to your scheduled time you will be charged a No Show fee of \$25.00.

### **COLLECTIONS**

Any balance assigned to collection agency will be assessed a 40% fee to offset the recovery expense.

We want you to have a pleasant experience here at Arizona Premier Dental Group. If you have any questions, please do not hesitate to ask one of our Patient Service Representatives.

I have read and agree to abide by all the Policies and Financial Responsibilities as outlined in this document.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Guardian Name (Print, if applicable)

\_\_\_\_\_  
Patient or Guardian (Signature)

\_\_\_\_\_  
Date

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