

ACES DENTAL, PLLC

Financial Policy

- **PAYMENT** is due at the **Time of Service!**
- If Payment cannot be made at the time of service, Financial Arrangements **must** be made prior to any further treatment.
- If we are filing Insurance Claims for you, **you must maintain Insurance Coverage** including, but not limited to procedures such as Root Canals, Fillings, Orthodontics, Crowns, Bridges, Dentures (Complete, Intermediate, or Partial), **through the date they are seated (placed) in your mouth.** If you cancel your insurance coverage before the date your service or procedure is complete, the entire charge for those services or procedures will be your responsibility.
- We will file a claim to your Insurance Company for our services and performed procedures as a courtesy. If there is a remaining balance after they have paid, you will receive a Statement from our office requesting payment of the remaining balance.
- If after attempting to file a complete claim with your insurance company, we are unable to receive payment, the full balance of the service is your responsibility and due immediately.
- **All patient Co-Payments** calculated prior to receiving re-imbusement from the Insurance Company **are considered estimates only** of what we expect the Insurance will pay. You will receive a Statement from our office requesting Payment if they pay less than our earlier **estimate.**
- Should you receive a Statement from us indicating you owe a Balance, Payment in full is due within 30 days.
- For each subsequent Statement with an unpaid Balance, there will be a **Billing Late Fee Charge** of up to \$25 added to your bill.
- If you do not attend your appointment or cancel within 24 hours of your appointed time, you may be subject to a \$25 fee.

After 90 days of Non-Payment, your Account will be assessed a Collections Fee ranging from a minimum of \$50.00 to 40% of the Unpaid Balance (whichever is Greater) and turned over to our Collections Partner for management. Your Account may be subject to other additional Fees assessed by the Collections Company consistent with their industry standards.

Patient Signature (Guardian if patient is a minor)

Date