

Arcadia Dental Group

Financial Policy

At Arcadia Dental Group, our goal is to provide quality dentistry at a fair price and a healthy and happy environment for all of our patients. We provide our services with honesty and integrity and expect the same from those we serve.

A \$25.00 charge will be made for all missed appointment that are not cancelled or rescheduled at least 24 hours prior to the scheduled appointment time.

As a service to our patients we submit dental claims to their insurance for payments. We ask that each patient pay their deductible and or estimated portion at the time of service unless alternate arrangements have been made. If for any reason, the insurance company does not pay estimated amount, it becomes the patient share. Please monitor insurance payments. Our payment options include Cash, Visa, and Mastercard.

Our goal is to provide the best treatment possible for our patients and we charge the usual and customary rates in our area. To do so the patient is responsible for paying the balance in full regardless of the insurance company's determination of usual and customary rates.

I have read, understand , and agree to the above Financial Policy regarding my payments and insurance obligations. I will notify Arcadia Dental Group if any changes on insurance, address, or phone numbers occur.

Patient's Name: _____ DOB: _____

Patient's Signature: _____ Date: _____