

Financial and Appointment Policy

We realize that every person's financial situation is different. For this reason we have worked hard to provide a variety of payment options to help you receive the dental care needed to enjoy a healthy and confident smile with respect to your budget.

DENTAL INSURANCE:

We are happy to file the forms necessary to see that you receive the full benefits of your coverage; however, we can make **no** guarantee of any *estimated* coverage. Please note that your dental policy is an agreement between you and the insurance company, and we ask that all patients be directly responsible for **all** charges. If you have any questions or discrepancies regarding your billing statement once you receive it, please contact us immediately. Otherwise, *finance charges* will incur **30 days** after your last treatment, and the interest will be calculated at **1.5%** per month (**18.5%** annually).

PAYMENT OPTIONS:

Payment of patient portions may be made with the following:

- **Cash, Check or Money Order.** We are happy to offer a 5% pre-payment courtesy for all treatment paid in full prior to commencement of treatment plan.
- **Major Credit Cards (Visa, MasterCard, American Express)**
- **Payment plan.** For patients who desire a monthly payment plan, we can make arrangements with you and customize a payment plan.

Statements will be mailed to all accounts monthly and are due upon receipt.

APPOINTMENT EXPECTATIONS and CANCELLATION POLICY:

We work very hard at treating our patients as unique individuals. We try to remain responsive to each person's needs. Unlike many dental practices where the dentist sees multiple patients at one time, we only see one patient at a time. When you book an appointment with us, you have our undivided attention for the length of that appointment.

Short notice cancellations or missed appointments increase our cost of providing dental care – costs that ultimately must be passed onto you, our patient. More importantly, missed appointments do not allow us the opportunity to offer the appointment time to other patients seeking our care. For these reasons, we ask that you read and agree to these expectations:

- Please respect our time and that of other patients by giving us a **minimum of two business days notice** to cancel or change an appointment.
- Patients with appointments which are missed or cancelled with less than 24 hours notice may incur a charge of \$100.00 per appointment hour.

I agree that I have read this information and fully understand the financial and appointment policies for the office of Brian J. Dillon, DDS, PLLC. I authorize this office to release any necessary information to expedite insurance claims. I understand that I am solely responsible for all charges, regardless of insurance coverage. I agree to pay any collection fees or attorney expenses should it be necessary to refer this account to collections and I understand that any unpaid accounts will be reported to credit bureaus.

Patient's Signature or Responsible Party _____ Date: _____



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