Stacy Kirner Felix DMD, Inc.

Vista Family Dental Care

Financial Policy

Dental treatment is an excellent investment in an individual's medical and psychological wellbeing. Financial considerations should not be an obstacle to obtaining this important, life-enhancing care. We offer a variety of options to help facilitate the patient's access to this care. **Please note that payment is required at the time of service**.

Insurance

Our office participates in a variety of dental insurance plans. We are pleased that you have dental insurance to help you with partial assistance in funding your dental care. As a courtesy to our patients, we will file claims to the patient's insurance carrier when all current dental information is provided. Patients are responsible for all deductibles, co-pays and any additional fees that may have exceeded the patient's benefits. Please know that we will do everything possible to see that you receive the full benefits of your policy, however we can make no guarantee of your estimated coverage or payment.

Cash or Check

Cash or personal checks are happily accepted. Should a check be returned, a service fee will be charged in the amount of $35.

Credit Cards

The following credit cards are accepted in the office: MasterCard, Visa, Discover, and American Express.

CareCredit

We are pleased and excited to offer this payment plan, for patients who wish to pay over time. This is a third party company that offers interest free financing for a period of time in which the patient may pay for their dental services. We would be happy to help you access this wonderful opportunity. Simply inquire about this program at the front desk upon checkout.

Collection Service

For cases where dental services rendered are not paid for and the account becomes negligent, it will be handed over to a collection agency. The account holder will be held responsible for the amount due, as well as any fees associated with the cost of collection.

Cancellation Policy

We require at least 48 hours notice when rescheduling or cancelling an appointment. A fee of $65.00 will be assessed for appointments cancelled with less than 24 hours notice.

Patient Signature:_____ Date:_____

Guardian Signature:_____