



Financial Policy Form

This form represents our financial policy agree between our office (Aesthetica Dental PLLC) and the patient or their representative.

Non- Insurance or Cash Patients:

- Payment is due at time of service. No financial contracts are carried out at our office. We offer third party lending through CareCredit and are glad to help you apply for a payment plan if you wish.
- We accept Cash, Debit, and Major Credit Cards (VISA, Mastercard, Discover, American Express)
- We do not accept personal checks

Insurance patients:

- Co-pays will be required to be paid as per contractual insurance agreements
- As a courtesy to you, we will bill our insurance, but the patient is responsible for the entire bill. Any dispute that may arise regarding insurance coverage payment is the sole responsibility of the responsible party.
- When would you be required to pay more than the \$_____?
 - If your insurance has reached its maximum before entering our office
 - If your insurance has reached its maximum before the contracted amount is paid; you will be responsible for the amount your insurance would have paid had it not reached its maximum.
 - You will be responsible for any and all procedures denied by your insurance.

Medicaid Patients

- We accept Traditional Medicaid only. No payment is usually required, but a pre-screening may be required before treatment. We require a copy of your Medicaid card. We also require your signature for proving to the government that you were in our office.

I verify that I understand and agree to completely comply with the terms of this office financial policy.

Responsible Party Signature:	Date:
Office Personnel Signature:	Date: