

**Pima Dental Center for Cosmetic Dentistry**

**Bruce D. Schwartz D.D.S., P.C**

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**Welcome to Pima Dental....**

**How did you hear about our office?** \_\_\_\_\_

**Financial Policy**

Thank you for choosing our office for your dental healthcare. We are unconditionally committed to provide you with the best in preventative approaches as well as the highest standards of treatment and dental procedures for solutions to your dental problems.

Our office does require your social security number for our records. Please understand that other than your insurance company (if applicable) all of your patient information is strictly confidential. To have your services comfortably affordable please review the following financial policies and select the type of account that best suits your needs:

**AS SERVICES ARE RENDERED ( )**

Patients are required to pay their estimated portion of treatment by cash, check or credit card at the time of service. We accept Visa, MasterCard and American Express.

**CARE CREDIT PATIENT FINANCING ( )**

Our patient coordinator will be happy to assist you with the application process.

**UNDERSTANDING INSURANCE BENEFITS**

As a courtesy for our patients with most dental insurance plans, we will happily submit dental claims to your insurance company for services rendered. Insurance companies are required by Arizona regulations to pay your claims within 30 days of submission. The estimated portion of your non-covered expenses will be due at the time of service. **Please be advised that your estimated out of pocket portion is just that, an estimate. We can never guarantee what an insurance company will and will not cover.** Since your contract is between you and your insurance company, any balances not paid in 45 days will be your responsibility. We will do everything possible to insure that the insurance company pays for any and all eligible expenses. By signing this policy, you are giving us permission to bill your insurance company for services rendered and allow us to review your treatment plan with them. **I understand completely that if my insurance company does not cover a service, for any reason, I am FULLY responsible.**

We do expect you to show up for all of the appointments which you have scheduled. We require 48 hours notice to make changes to your scheduled appointment(s). **If adequate notice is not given, or an appointment is failed you will be charged \$50.00 per missed appointment.**

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Date