



Financial Policy

Thank you for choosing Briter Dental as your dental provider. We are committed to providing you with excellent care and convenient financial arrangements. Our financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees and patients' financial capabilities. The following is a statement of our Financial Policy; please take the time to read the below prior to your treatment.

Payments: We accept payment by CASH, MONEY ORDER, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER, DEBIT CARDS, CARE CREDIT. PAYMENT IS EXPECTED ON THE DAY OF TREATMENT.
WE NO LONGER BE ACCEPTING CHECKS.

Insurance: All benefits and coverage are contracted through the patient and insurance company directly and are no way a guarantee of payment. Majority insurance companies provide fee schedules so itemization of treatment is pre-determined by insurance. It is the patient's responsibility to contact their insurance company to make sure we are in network. If you have a secondary policy you will fill it out and we will provide all the necessary paperwork that you may require. Patient must provide valid insurance information at the time of treatment. Based on the information provided by the patient Briter Dental staff verifies all dental coverage and benefits. All claims are filed to the primary insurance provider. If for any reason claims are left unsettled or rendered not payable by the insurance company, patient must take full responsibility for any charges pertaining to treatment received through Briter Dental. As a service to our patients, we will bill insurance companies for services and allow them 45 days to render payment. After 60 days, you are completely responsible for the entire balance and it will be due in full. Please note that some procedures and treatments may be non-covered services and not considered reasonable and necessary under dental insurance. Some procedures may require co-pays and or deductibles that must be paid in full along with the treatment.

Cash pay: If you do not have dental insurance coverage, we offer Care Credit payment plans. Please ask for an application at the front desk.

Referrals: It is the patient's responsibility to obtain the referrals.

Consent for appointment confirmation – I hereby give Dr. Alvandi and Staff permission to confirm appointments using the phone number(s) I have provided, to include leaving messages.

- Leave a message on answering machine
- Leave a message on cell phone
- Leave a message with family members
- Leave a message at work
- Leave a message directly with patient

As a condition of your treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from the patients for the costs incurred in their care and financial responsibility on the part of each patient must be determined before treatment.

All emergency dental services, or any dental services performed without previous financial arrangements, must be paid in cash at the time services are performed.

Once appointment has been made, I am aware that this time has been reserved especially for me. If I miss my reserved appointment, I fully understand that I pay \$50 for every 1 (one) hour appointment time I miss. At least 48 hours cancellation or to reschedule an appointment is required to avoid the \$50 fee.

Thank you for taking the time to read our Financial Policy. Please let us know if you have any questions or concerns.

I, _____, have read the Financial Policy in completion, agree to abide, and understand all the parameters within the agreement. By signing this agreement I give consent for Briter Dental to file claim with the insured party's insurance company.

Patient / Parent / Guardian

Date