



Insurance and Financial Policy

At **Texas Avenue Dental**, we believe that you deserve the best care. That's why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits and some do not but in either situation there are some important financial policies at our office you should know:

Initial

_____ ■ Your dental benefits are based upon a contract made between your employer and an insurance company. If you have **any questions regarding your dental benefits please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.**

_____ ■ We currently accept all private care insurance plans (plans that do not require you to visit a designated dentist). This means that we work with many companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage. This does delay treatment but will give you the most accurate out of pocket figures.

_____ ■ I authorize my insurance company to pay directly to Texas Avenue Dental (Jason L. Espinoza, DDS) any benefits due to me, if any, for services rendered at this dental office.

_____ ■ I authorize the release of any information necessary to process my dental claims by Texas Avenue Dental.

_____ ■ We will bill your insurance as a courtesy. If insurance does not pay within 90 days, Texas Avenue Dental reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Our office is not, and cannot be a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.

_____ ■ In the event that this account becomes delinquent, I will be responsible for court costs, attorney's fees, collection fees, and any other cost incurred in the collections of this account. A finance charge of 1.5% per month (18%/ year) will be charged to the account after 30 days of billing.

_____ ■ **Texas Avenue Dental** does require payment in full for your portion at the time of service. We accept MasterCard, Visa, Discover, cash, and checks (for existing patients with established payment history). If you are in need of an extended finance option, we also work with CareCredit, who offers 3, 6 or 12 month plans with an approved credit application.

_____ ■ A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at **least 24 hour** notice to avoid a **\$35/hour cancellation fee** (emergencies are an exception).

I have read and understand the above conditions.

Print Name: _____

Date: _____

Patient/Parent Signature: _____