



Financial Agreement Policy

Thank you for choosing Arden Dental Group. Our primary mission is to deliver the best and most comprehensive dental care available. We appreciate and care for all of our patients. If you have any questions or concerns, feel free to discuss them with us.

For patients with insurance- We will file your insurance for you, but **the estimated patient portion not covered by insurance is due on the day we begin treatment.** Payment in full is expected at the time of services are rendered. We try to be familiar with the regulations and restrictions of each company; however, the **patient** is ultimately responsible for understanding the details of the insurance plan and for payments of treatment not covered by insurance. It is your responsibility to present your current insurance card to us at each visit and to notify us promptly of any changes in the name, address, phone numbers, etc. We reserve the right to require payment from you if your insurance company does not pay within 60 days from service date.

For your convenience, we do accept the following: Cash, Check, Visa, Mastercard, Discover and American Express

Wells Fargo financial options are also available.

We make every effort to schedule a convenient appointment time for you, if you must cancel, please notify us at least **24 business hours prior** to your scheduled appointment. If you do not, there will be a **\$40.00 fee** added to your account for that day. If you are running late, please call and let us know. We reserve the right to reschedule your appointment if you are late to ensure that the time reserved for all of our patients is adequate and our office runs efficiently.

I have read and understand the Financial Agreement Policy.

Patient, Parent or Guardians Signature _____ Date _____

Patient Name **(Please Print)** _____