

# RANCHVIEW FAMILY DENTISTRY, P.A.

8300 N. MacArthur Blvd., Suite 140  
Irving, TX 75063  
972-869-9090

## Financial Policy

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

We accept cash, check, MasterCard, Visa, American Express, Discover or Care Credit as payment for services rendered. We ask our patients for payment for routine services at the time of your visit. Due to the costs of laboratory fees and billings, extended payment plans cannot be arranged.

We will assist you by filing your insurance claims for you provided that you have given us accurate information. However, we offer no guarantee that our claims will be correct or accepted. **You are responsible for the entire fee for each procedure regardless of how your insurance administers your coverage.** We allow 45 days to receive payment from your insurance company. Upon the expiration of 45 days, any remaining balance is immediately due by you. The deductible, co-payment, and any other charges are to be paid at the time of services. In addition to all other remedies, the patient shall pay Ranchview Family Dentistry, P.A. expenses and attorney's fees and/or any other outside collection agency fees incurred to collect money owed to Ranchview Family Dentistry, P.A. from the patient under these terms. However, if your insurance routinely sends the checks to you, then we ask for payment in full at the time of service.

There will be a \$25.00 service charge for all returned checks.

There will also be a \$25 an hour fee for missed appointments without 24 hour notice.

Thank you for your understanding of our Financial Policy. Please let us know if you have any questions or concerns.