

Ana R. Martinez DDS 1187 Coast Village Road Suite 11 Santa Barbara, CA 93108 805.617.0686

www.rivierasmiles.com smiles@rivierasmiles.com

FINANCIAL POLICY AND AGREEMENT

Appointment cancellation and no-show to appointment

We feel that our patients' time is valuable. When your appointment is made, a room is reserved, your records are prepared, and special instruments are readied for your visit. Except for emergency treatment for another patient, you can expect us to be prompt. We, of course, would appreciate the same courtesy from you. Please call our office promptly if you need to cancel or reschedule an appointment. Any appointment(s) not canceled or rescheduled 2 business days in-advance is subject to a \$75 late cancellation fee.

A no-show is an appointment that was not canceled in advance. A no-show for a scheduled appointment will therefore result in a fee of \$50 for every half hour of scheduled appointment time. Repeated cancellations or missed appointments will result in loss of future appointment privileges.

Billing & insurance

We accept most insurance plans. If you wish, we can also provide you with a pre-treatment estimate that can help you determine how much will be covered by your plan. We work hard to make dental care affordable and to ensure that you are getting the most coverage possible from your insurance company. We also offer credit and flexible financing options for patients without insurance or whose procedures are not covered.

It is the patient's (or responsible party) responsibility to understand whether insurance has limits on the doctors you can see, or the services you can receive. Your insurance is a contract between you and your insurance company. You (or responsible party) are responsible for the entire cost of treatment at the time of the service regardless of insurance coverage. We will gladly document your insurance paperwork as a courtesy and help you maximize your benefits. Payment will then be sent to you directly from the insurance.

Your insurance company makes final determination once treatment is completed and the claim is submitted. Policies can change, and employers can switch providers or levels of coverage, which can affect the amount of your bill. If you have questions about what your responsibility might be, our staff will be happy to submit a pre-treatment estimate to your insurance company to provide an idea of your out-ofpocket costs.

Payment

Please feel free to discuss your individual financial needs with us prior to the scheduled appointment so that payment arrangements can be made. If payment in full is made in advance of treatment, we extend a 5% cash accounting reduction courtesy on the total fees.

ALL ACCOUNTS ARE DUE AND PAYABLE AT TIME OF SERVICE. If a procedure requires multiple appointments, payment is required in full at the first appointment. We accept payment in the form of cash, check and major credit cards Visa, MasterCard and American Express). If you need to spread out payments, We implement flexible payment plans upon approval through Care Credit®. Approval must be received prior to treatment date.

There is a \$30 processing charge for **non-sufficient funds** or **returned checks.** There is a fee for canceling a credit card transaction, this fee is 8% of the amount charged to the credit card. We have a **no refund** policy. We reserve the right to determine whether special circumstances justify a refund in the form of an adjustment to the patient's account. Past due accounts will be subject to a charge of 1.5% per month interest. The patient (or responsible party) is responsible for all collection costs incurred by the dental office.

Parents not accompanying their child to an appointment must make prior arrangements for payment (cash, check or credit card authorization). If someone other than yourself is responsible for the bill, such as a divorced spouse, we will provide a statement that you can use for reimbursement purposes. Payment is expected from the person who brings the child in for services, and we do not get involved with billing other persons or waiting for the conclusion of court cases.

Copies of Your Dental Records and X-rays

If you want copies for yourself or to send to another healthcare provider, we ask that you put the request in writing. Once we receive your written request, we will make every attempt to have the records available within three business days. Depending on the size and format(s) of the records requested, a fee of \$20.00 may be applied.