Century Dental

Comprehensive Family & Implant Dentistry

Dr. Allawnha & Dr. Penny

Financial Policy & Agreement

Century Dental PLLC's office goal is to help you establish excellent oral health. Our office is committed to helping you determine the most appropriate treatment for your dental needs and desires. Should you have questions concerning your treatment plan or service financials, please ask for clarification before treatment is begun.

- Full payment is due at the time services are rendered or the last appointment for certain treatment procedures. We accept cash, personal checks, and all major credit cards including MasterCard, Visa, Discover, and American Express. We also offer interest free financing through Care Credit.

- Payment plans can be arranged with our front office staff. Payment arrangements are done within 90 days and can only be set-up as an auto-pay.

- Insurance-We are contracted with most insurance plans; however should your insurance plan be denied, you will be responsible for payment in full for services rendered. Please notify the front desk as soon as possible if there are any changes with your policy number, policy name, insurance company, or a change of employment.

- Insurance is a contract between the patient and/or employer and the insurance company. It is **NOT** a contract between our office and your insurance company. For more information please ask for the brochure "My insurance covers this…..Right?"

- Please understand that we file dental insurance claims as a COURTESY to our patient's, and will happily answer the details required by the insurance company.

- Please familiarize yourself with your particular insurance plan regarding limitations, exclusions, waiting periods, etc. All charges not paid by your insurance company are **YOUR** responsibility regardless of the reason for nonpayment. Not all services we provide are covered benefits. Please note that insurance benefits differ from one company to another and one plan to another. We work very hard to assist you in receiving maximum benefits available under your policy. We will provide estimated balances between the cost of service and co-payment of your insurance plan. Please be aware of your estimated financial responsibility at each visit.

- Treatment Estimates are Just Estimates and may change under various circumstances. We will be happy to submit a Pre-Determination in to your insurance company, please notify a staff member so that we may submit the information prior to starting treatment.

- No Insurance-if you do not have dental insurance, please be advised that we are flexible and are willing to work with you to help you achieve excellent oral health. However, you are completely responsible for your financial obligations.

- Broken/Missed appointment policy-We confirm appointment times 24-48 hours prior to allow time for a patient to cancel or change their appointment. Broken or missed appointments prevent other patient's from receiving the dental care they deserve. We understand that there are times when emergencies due arise, but we do ask to please be courteous and give 24 hour notice. We reserve the right to charge a $50 fee for broken appointments that are not given a 24-hour notice.

- Returned checks-a $25.00 fee is applied to a check returned by a financial institution.

This is an agreement between .Century Dental PLLC's office, as a provider of professional services and the patient named on this form. By reading and signing this agreement, you are agreeing and accepting this policy in full.

I have read and understand the above information; All of my questions were answered to my satisfaction; I understand and agree to all of the policies of Century Dental PLLC's office

Print Name: _____ (Patient/Subscriber, if minor-Parent or Guardian)

Signature: _____ Date: _____