

# Peak Family Dentistry

10429 MONTGOMERY PKWY NE | ALBUQUERQUE NM, 87111 | (505) 293-2211

## FINANCIAL POLICY & PAYMENT OPTIONS

Thank you for choosing Peak Family Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options

## PAYMENT OPTIONS

You can choose from:

- Cash, Visa®, MasterCard®, American Express® or Discover Card®
- Convenient Monthly Payment Options<sup>1</sup> from CareCredit Healthcare Credit Card<sup>1</sup>
  - Special financing options, allow you to pay over time
  - No annual fees or pre-payment penalties
- We also offer in-house financing for treatments over \$1,000. A down payment/deposit of 1/2 at start of treatment with remaining balance in three (3) equal payments or until balance is paid in full. Actual balance to be paid may be higher than the estimated balance to be paid if insurance pays less than estimated. A credit card authorization on file is required. Monthly payment will be debited from your card until balance is paid in full.<sup>2</sup>

Peak Family Dentistry requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment, however, you are ultimately liable for any fees and costs not covered or paid by your insurance. Questions about non-payment should be directed to your insurance company.<sup>3</sup>

Please understand that while you insurance may confirm benefits, confirmation of benefits is not a guarantee of payment and that you will be responsible for any unpaid balance. It is your responsibility to inform the office of any changes to your insurance coverage. If your insurance has terminated at the time of service you will be financially responsible for the balance in full.

Peak Family Dentistry charges \$20 for returned checks.

We understand circumstances may arise which result in failure to keep a scheduled appointment. In fairness to our office and other patients in need of dental appointments, we have established an office policy that when a patient fails to keep two or more scheduled appointments, a nonrefundable prepayment of \$50 will be required when scheduling any further appointments.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

\_\_\_\_\_  
*Patient, Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Patient Name (Please Print)*

<sup>1</sup>Subject to credit approval

<sup>2</sup>Peak Family Dentistry charges \$20.00 for declined credit cards. It is patient's responsibility to keep credit card information current.

<sup>3</sup>However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.