

Richard D. Morales, D.M.D.
University Dental Group
Santona Corner, 1430 South Dixie Highway, Suite 312
Coral Gables, FL 33146
(305) 661-8240

Office Financial Policy

Welcome to our practice and thank you for selecting us for your dental needs. We are committed to providing you with the best possible care for your complete oral health; we believe in the preservation of your natural teeth. One of the most valuable services we provide is education towards maintaining optimum dental health. We want your visits with us to be as comfortable and pleasant as possible. In order to achieve these goals we need your assistance and understanding of our office policy. Please carefully read the points below to avoid any potentially unpleasant misunderstandings.

_____ **Payment for services is due at the time that those services are rendered.** We offer a variety of options for your convenience including cash, personal checks, Visa, MasterCard, American Express, & Discover.

_____ **As a *courtesy* we will be happy to process your dental insurance.** Your dental insurance is a contract between you, your employer and your insurance company. We will do all we can to maximize your insurance benefits. However, as dental care providers our relationship is with you, not your insurance company. While we will assist you in any way we can, we rely solely on information furnished to us and it is ultimately ***your responsibility*** to be aware of your insurance benefits coverage and balance.

_____ **Returned checks are subject to a bookkeeping charge of \$30.00.**

_____ **To avoid delinquent balances past 60 days, please provide your credit card information below to allow us to automatically charge any such account balance (unless other arrangements have been made in advance.**

Amex/Visa/MC/Discover

_____ **Exp. Date** _____

Security Code _____ **Billing Zip-Code** _____

_____ **Accounts over 90 days are sent to collection unless written payment arrangements have been made.** If your account is sent to collections, you are responsible for your outstanding past due balance plus any legal, filing and collection fees incurred.

_____ **Patients that miss appointments or cancel appointments with less than 24 hours notice will be charged \$50.00 per scheduled hour.**

If at any time, you have questions or concerns about treatment, fees or service, please bring it to our attention promptly to avoid any misunderstandings.

Once again, welcome to our practice!

Sincerely,

Richard D. Morales, DMD

I understand and accept the above policy. My signature indicates that I have received a copy of the office financial policy.

Signature

date