
Office Policy-Term & Conditions

We are committed to providing you with the highest standard of comprehensive dental care in a personal, comfortable, and caring environment. We can better serve you by informing you of our office policies. Please read and sign.

SCHEDULED APPOINTMENTS:

Due to the time and care we give to each patient at their appointment:

- **We require a 24-hour notice for changing an appointment. Cancelled appointments without a 24-hour advance notice will be charged as scheduled.**
- **CEREC “same day crown” appointments require a 72-hour advance notice of cancellation**

PAYMENT:

All office charges are due on the day services are rendered. We accept Visa, MasterCard, American Express, Discover, checks, or cash. If you have insurance, your co-pay and/or deductible will be due at the time of service. We will then submit your insurance claim for you for the insurance company portion.

INSURANCE:

As a courtesy to you, we will submit (without additional charge) your insurance claim to your insurance company. We will follow up as necessary with your insurance company for timely payment, however, **we cannot guarantee payment. Your insurance is a contractual agreement between you, your employer and the insurance company.** We are not a party to this agreement. Therefore, **we will estimate your co-pays at the time of service.** Upon payment by your insurance company, any unpaid portion of your account is due immediately in full. You will receive a statement from this office. **If for any reason your claim has not been paid by your insurance company within 60 days, we may request that you pay in full until the matter is resolved.**

FINANCE CHARGES:

A finance charge of 1.5 % per month (18% per year not to exceed the maximum permissible under state law) **will be assessed to unpaid balance over 60 days old.**

RETURNED CHECKS:

There will be a \$25 fee assessed to accounts for nonsufficient fun checks returned to our office.

I have read the above and agree to these terms:

Printed name: _____

Signature: _____ **Date** _____

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