

Douglas B Hunt DDS PC

6328 E Brown Rd. Ste. 105 Mesa, AZ 85205 480-325-7639
22711 S. Ellsworth Rd. Ste. 101 Queen Creek, AZ 85142

Our Financial Policy

Thank you for choosing us as your health care provider! We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we ask you to read and sign prior to any treatment.

Payment is due at the time of service.

We accept Cash Check, VISAMC/AMEX/DISC and also Care Credit.

Regarding Dental Insurance:

We may accept assignment of insurance benefits at your dental visit. However, your estimated portion including deductibles is to be paid at the time of service. **THE BALANCE IS YOUR RESPONSIBILITY WHETHER THE INSURANCE PAYS OR NOT.** Your insurance policy is a contract between you and your insurance company. As a service to you we will process and bill your insurance for services rendered or provided. If your insurance company has not responded within 120 days of the date of service or the claim was submitted, the balance due becomes your responsibility. Also, in certain cases your insurance may not cover as much as estimated. You will be required to pay the difference.

In the event payment is not made and this amount is referred to collection, you will pay the cost of collections equal to a minimum amount of thirty five percent (35%) of the principal amount. Interest on any unpaid balance will be charged at the rate of 1.5% per month. If suit or action is instituted, you agree to pay reasonable attorney fees. Any suit or action shall take place in Maricopa County, AZ.

Please immediately inform us of any changes of your address, phone number or insurance.

Confirmation of Dental Appointments:

Our goal is to provide prompt and quality dental services. Every effort is made to eliminate cancellations or no shows for the Dentist and Hygienist. If you have a dental appointment the office will be confirming with you the day before your appointment.

Missed Appointments:

Our policy is to charge for missed appointments. The charge for an office visit is \$45. Please help us serve you better by keeping your scheduled appointment and if possible give at least 24 hour notice if unable to make your appointment.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. I have read and understood and agree to the Financial Policy.

Signature of Patient of Responsible Party

Date