Trailridge Family Dental

Office and Financial Policy

Our philosophy is to provide the highest quality of dental care for each and every one of our patients. To reduce our administrative costs and keep our fees to you as low as possible, we ask that you pay your co-payment at the time you receive treatment.

If you have dental insurance we would be happy to file your dental claims and accept the insurance portion directly from your insurance company provided payment is received from them within 60 days. You must, however, familiarize yourself with your insurance coverage, and provide us the correct information for the submittal of your dental claims. We will provide you as close an estimate as possible for the treatment plan that is recommended for you. The insurance benefits estimate is not a guarantee of payment however. Please remember that your insurance is a contract between you, your employer, and the insurance company. Not all services are covered benefits in all contracts, therefore, you are ultimately responsible for the total amount of your dental fees.

If you are unable to keep an appointment that has been reserved for you, we require that you provide us with a 24-48 hours advance notice so that we are able to fill the opening, which you cannot keep. We realize that emergencies do occur, however and we will be flexible under those circumstances. A charge of $25 will be charged otherwise.

Please notify us of any changes related to your medical history, telephone numbers, address, employer or insurance information as it occurs. There will be a finance charge of 1.5% monthly for any unpaid balance unless other arrangements have been made.

Listed below are the methods of payment that we accept. Please identify which form of payment you intend to use to pay for your dental treatment including your co-payment.

Payment Options:

___ Cash/ Check/Debit Card

___ Visa/Mastercard/American Express/Discover

Extended Payment Options:

___ Care Credit—0% financing available