



Financial Policy

Thank you for choosing Abington Dental Associates for your dental health needs. 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 as possible for our patients by offering several payment options.

Payment Options

You can choose from:

- Cash, check, Visa, MasterCard, American Express or Discover Card
- Illumitrac – our in-house membership club
- Monthly Payment Options¹ from CareCredit®
 - Allows you to pay over time
 - No annual fees or pre-payment penalties

Please note:

Our office requires payment at the time of service. Note that for treatment plans that require multiple appointments, 50% of the patient's payment responsibility must be paid at the initial visit, and the remaining 50% must be paid at the time of completion of treatment. If you choose to discontinue care before treatment is complete, any refund will be determined upon review of your case.

For patients with dental insurance benefits, please provide us with the applicable employee information (name, date of birth, social security number, employer and ID#), as well as the name and address of the insurance company.

As a courtesy to our patients, we are happy to try to work with your insurance carrier to maximize your benefit and directly bill them for reimbursement for your treatment.² We will collect any required estimated co-payment and deductible at each visit. We make every effort to determine your benefits when you receive treatment but consider your co-payment amount to be an estimate, to be adjusted if and when necessary, until we receive payment from your insurance provider.

Please remember that any information we provide relative to your benefits is our best estimate and not a guarantee of the payment that will be received.

We reserve appointment times specifically for each patient so that we may provide the best in service. Please schedule your appointment mindfully, as our office reserves the right to assess a charge to your account for any appointment cancelled within 24 hours' notice. Similarly, late arrivals can create scheduling problems with other patients. Please notify us if you are going to be late.

If you have questions about your treatment plan or the choice of payment options, please do not hesitate to ask. We are here to help you get the dentistry service that you want or need.

¹ Subject to credit approval

² However, if we do not receive payment from your insurance carrier within 120 days, you will be invoiced for and will be responsible for payment of all outstanding treatment fees.

Patient Signature

Date

If patient is under 18:

I, (**print name**) _____, am the parent/legal guardian of the individual named below. By signing this form, I acknowledge that I have completely read and fully understand this document and agree to be bound thereby.

Patient Name: _____

Parent/Guardian Signature

Date