



Bruce A. Spigner, D.D.S
926 East McDowell Road, Suite 120
Phoenix, Arizona 85006
602.253.0994

Financial Policies

In order to enhance communication and promote understanding regarding this office's Financial Policies, please read through the information. After reading, please provide your signature at the bottom indicating that you fully understand these policies. This form must be signed in order to proceed with your scheduled appointment. If you have any questions or concerns, please ask to speak with the Office Coordinator. Thank you!

- **Insurance:** We are happy to bill both primary and secondary insurances as a courtesy for our patients. It must be understood that each patient is ultimately responsible for the cost of services rendered. We will do our best to estimate accurate insurance coverage and patient portions due; however, the contractual agreement is between you and your insurance company. If the insurance company does not pay the full amount anticipated, the patient is responsible for the difference. Payment would be expected within 30 days of receiving a statement.
- **Patient Payment:** The patient portion due for services rendered is expected at the time of service unless previous arrangements have been made with the office coordinator. We accept cash, checks, money orders, and all major credit cards.
- **Financing:** We have financing options available through Care Credit. If you have an interest in these options, please consult with the office coordinator prior to the date of scheduled treatment.
- **No Shows/ Missed Appointment:** We request notice to cancel or reschedule an appointment at least 48 hours in advance. If appropriate notice is not given, a charge of \$65 may be assessed to the patient's account. For appointments scheduled longer than 1 hour, an additional \$50 will be charged for each hour missed. For an example: \$115 will be charged for a missed/ last minute cancelled for a 2 hour appointment.
- **Refunds for Unfinished Treatment:** If a patient decides to discontinue treatment after it has been started a full refund will not be given. Individual circumstances may be discussed with the office coordinator/dentist.
- **Credits on an Account:** If an insurance company pays more than anticipated creating a credit for the patient, we are happy to either refund the patient or leave the credit on the account to be applied toward future treatment.
- **Balances:** Balances unpaid after 30 days from the date of billing are subject to a financial charge at a rate of 3% per month.
- **Collections:** On occasion, after repeated attempts to collect a balance due, we may need to turn an account over to a collections agency. Should this occur, it is agreed that the financial party listed below shall pay all finance charges, collection cost, and attorney fees and any other costs that may be incurred to enforce collection of any amount outstanding.
- **Returned Checks:** A \$35 fee will apply for all checks returned for insufficient funds or closed accounts, and may prevent us from accepting checks as a form of payment for your dental treatment in the future.

I acknowledge that I have read the above information and have been provided with an opportunity to ask questions about its content. I accept full financial obligation for the services I agree to receive by the dental professionals at Dental Art.

Patient Name Printed: _____

Financially Responsible Person: _____

Signature of Financially Responsible Person: _____ Date: _____



Insurance Providers

We would like to extend a warm welcome to you and look forward to providing you with excellent service. We have provided a short list of the most common insurances we accept. Please note we do accept others that may not be listed. It is important you understand your dental insurance policy as there are many varieties and coverage types. We would be happy to assist you better understand your policy by answering any questions you may have. Together we can maximize your insurance benefits to fit your dental needs.

Aetna
Assurant Health
Aon Dental Solutions
Careington PPO
Cigna
Delta Denta PPO
United Concordia

Please do not hesitate to call 602.253.0994 with any questions you may have or to schedule an appointment.