

Cosmetic Dentistry of San Antonio
Dr. Edward J Camacho, D.D.S.

Office Policies

Dental treatment is an excellent investment in an individual's medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact people have different needs in fulfilling their financial obligations, we are providing the following payment options. **Payment is due at the time of service.**

Payment Policy:

- *Cash, Check, Visa, MasterCard, American Express and Discover* are accepted.
- **For any treatment over \$250, payment will be due prior to scheduling your appointment.**
- *Flexible Payment Options:* if extensive treatment is required and you wish to extend your payments, we can arrange low monthly payments with approved credit through CareCredit or Springstone.
- *Our staff has been instructed to collect payment upon arrival for your appointment if payment for services has not already been received.*

Insurance Policy:

We are happy to file the forms necessary to see that you receive the full benefits of your coverage; however, **we can make no guarantee of any estimated coverage.** Because your insurance policy is an agreement between you and the insurance company, we ask that all patients be directly responsible for all charges. If your insurance company does not pay their estimated benefits within 45 days from the date of service, **you are responsible for the entire treatment fee.**

Assignment of Benefits:

I the undersigned, hereby agree and acknowledge that my signature on this document authorizes my dentist to submit paper or electronic claims for benefits of services rendered. I authorize my insurance to pay and hereby assign directly to Cosmetic Dentistry of San Antonio, all benefits as described on claims forms. I understand I am financially responsible for all charges incurred. **I understand that Dr. Camacho is NOT a Medicaid or Medicare provider and I assume responsibility for all treatment fees.**

****Please be advised, Dr. Camacho is not an in network provider of insurance.****

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Cancellation Policy:

Our goal is to provide you with quality dental care and personal attention. Your appointment time is reserved *just for you.* If you cannot keep your appointment, please provide at least **2 business days notice for treatment appointments** to avoid the minimum cancellation fee of **\$250/hour.** We require at least 24 hours (1 business day) notice for cleaning appointments in order to avoid a **\$37 cancellation fee.**

Informed Consent for X-rays & Photographs:

I understand that photographs, x-rays, and other records may be made during the course of my examination, treatment, and follow-up care. I give permission for these services to be rendered. There is a \$25 x-ray duplication/transfer fee.

Release of Dental Records Policy to the Insurance Company: (If Applicable)

I authorize Cosmetic Dentistry of San Antonio to release any dental records to my insurance company upon request, including, but not limited to, periodontal charting, radiographs, and diagnostic photos.

Returned Check/Collections Policy:

A \$50.00 fee will be assessed for all returned checks. Delinquent accounts will be assessed a \$15 collection fee.

Acknowledgement:

I hereby acknowledge and agree to the above office policies. I also have received a copy of the Notice of Privacy Practices of this office.

Date

Patient Name

Patient Signature

CDSA Staff