



AXcel Dental

Dr. Purna Shah, DMD

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OFFICE FINANCIAL POLICY

Thank you for choosing Axcel Dental as your dental care provider! We are committed to your dental treatment being successful. We required patients to sign our financial policy, as it makes our mutual experience easier and without confusion. This policy is to ensure that all of our patients receive the highest level of quality dental care in a friendly and healthy environment while understanding their financial responsibilities. This policy as well as other health and insurance forms provided must be read, agreed to, and signed prior to any dental treatment.

CASH PATIENTS:

Patients with no insurance are expected to pay in cash, check, or credit card the day the service is rendered unless specific pre-arrangements have been made.

INSURANCE PATIENTS:

For those patients covered by insurance, we may accept the assignment of benefits. This means you must sign the portions of your insurance forms that assign payments to our office. Very few insurance policies cover 100% of the cost of your treatment. In this day and age, many cover 50% or less on many services and actually cover nothing on others. Due to this, and the frequent delays in receiving payments from the insurance company, you may be asked to pay your deductible and your portion of your charges the day the service is rendered. We will estimate as closely as possible, but until we actually receive the payment from the insurance company, it is just an estimate. Some patients request that we send in a pre-determination to their insurance carriers. We state what treatment you need, and they tell us what they will cover on the treatment plan. Many patients prefer to get this service started immediately, and some treatments should be started immediately. In these cases, we will ask you to pay for your services in full as they are done, and when the insurance company pays their portion, we will reimburse you for what they pay. We will assist you in dealing with the insurance company, but ultimately the responsibility of payment and insurance problems lies with you. If we accept the assignment of benefits from the insurance company, if the insurance company hasn't paid after 45 days, the full balance is expected from you personally.

The above policies apply equally to parents/guardians of minors being treated, and minors cannot be treated without a parent or guardian authorizing treatment and agreeing to financial responsibility.

We welcome you to our office and want to provide you with the best dental care possible. Thank you for reading and understanding our Office and Financial Policies. If you have any questions regarding our policies and/or your treatment, please do not hesitate to ask! We wish to be of assistance in any way we can!

I HAVE READ AND UNDERSTAND THE ABOVE DENTAL OFFICE AND FINANCIAL POLICIES. BY SIGNING THE LINE BELOW, I AM CONSENTING TO THESE TERMS.

PATIENT NAME: _____

DOB: _____

SIGNATURE: _____

DATE: _____