

Dr. Rene Aviles DMD, PA
870 SW Martin Downs Blvd. Ste:1
Palm City, FL. 34990
772-283-6881 office

WRITTEN FINANCIAL POLICY

Thank you for choosing Rene Aviles, DMD, PA. 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 for our patients as possible by offering several payment options.

Payment Options:

- Cash, Check, Visa, MasterCard, American Express or Discover Card (Rene Aviles, DMD, PA charges \$35 for returned checks.)
- Care Credit Card (Payment Plans with 6 mos. No interest is for charges over \$200 to \$999.00 or 12 mos. no interest in charges over \$1,000.00. (If paid within the promotional period. Terms are subject to credit approval & the agreement you make with Care Credit.)

CANCELLATIONS &/OR NOT SHOWING TO YOUR SCHEDULED APPOINTMENT'S

DR. AVILES & HIS TEAM HAS COMMITTED TO DESIGNATE THE ALLOTTED TIME TO ATTEND YOU BY SCHEDULED APPOINTMENT. (WITH THE EXCEPTION THAT AN EMERGENCY MAY ARISE.) WE ASK FOR THE SAME COURTESY WHEN NEEDING TO CHANGE OR CANCEL YOUR APPOINTMENT. BY DOING SO, YOU ALLOW THE OFFICE TO GIVE ANOTHER PATIENT THE OPPORTUNITY TO SCHEDULE AN APPOINTMENT. IN THE EVENT THAT YOU SHOULD NEED TO CANCEL OR RESCHEDULE YOUR APPOINTMENT FOR YOURSELF AND/OR YOUR FAMILY.

YOU ARE ACKNOWLEDGING THAT IT IS YOUR RESPONSIBILITY TO INFORM THE OFFICE WITHIN 24 HOURS (IF THE APPOINTMENT IS FOR 1 HOUR) OR 48 HOURS (IF THE APPOINTMENT IS FOR 2 OR MORE HOURS) OF THE ACTUAL APPOINTMENT TIME.

YOU DO UNDERSTAND THAT WITHIN THE ALLOTTED TIME, IF YOU FAIL TO NOTIFY THE OFFICE OF YOUR CANCELLATION OR RESCHEDULING, IT WILL RESULT IN A **\$50.00 CANCELLATION FEE PER APPOINTMENT HOUR** YOU UNDERSTAND ALL OF THE ABOVE INFORMATION AND YOU AGREE THAT THE INFORMATION YOU PROVIDED ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

Please note:

It is your responsibility to pay for ALL services rendered. We are more than happy to work with you at our discretion, should the need arise. We will gladly file your dental claims as a courtesy to you. Dr. Aviles has elected to participate with certain insurance companies and accept their contracted fees. The insurance policy and/or plan was chosen by you and/or your family member. It is your responsibility to understand the frequencies, clauses, & coverages with your dental policy/plan. We only accept payment for dental insurance companies that we are contracted with. Not Medical. Please be advised you are responsible for all charges, whether paid by your insurance. Amounts not paid within 30 days will incur a monthly finance charge of 1.5%, calculated from the date of service. (18% annual rate). If collection measures become necessary, all related expenses, including agent and/or attorney's fees, will be the responsibility of the patient, parent, or guardian.

Rene Aviles, DMD, PA requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case. For larger, more comprehensive treatment plans of \$1000. or more, a 20% deposit is required to secure your initial treatment appointment.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you deserve.

X _____
Signature of Patient or Legal Guardian

Today's Date

X _____
Print Patient or Legal Guardian's Name