

# DALE ALLEN DMD

## Financial Policies

### **Insurance**

We will process your primary dental insurance claim. If we are not familiar with your insurance coverage we estimate your carrier will only pay 50% of our fees. The estimated amount not covered by your insurance is due at the time of treatment and may be paid by one of the payment options listed below.

**We will allow 30 days for your primary insurance carrier to pay their estimated part. If the insurance has not paid within 30 days the balance is due in full.**

### **Secondary Insurance**

We will file your secondary insurance only if your primary insurance sends our office an explanation of benefits (EOB). **We will not wait on payment from the secondary carrier. The unpaid balance is due within 30 days and may be paid by one of the payment options listed below.**

### **Payment Options**

Cash Check American Express MasterCard Visa Discover  
Care Credit (A separate line of credit to cover your entire family's dental health care needs. Brochure available).

**I understand in the event I fail to pay the amount owed, this office has the right to secure an outside collection agency and/or attorney to collect the unpaid debt and report the unpaid debt to a credit reporting agency. I further understand I will be responsible for any additional charges or fees necessitated by securing the collection agency and/or attorney including reasonable attorney's fees.**

**I understand in the event I do not pay my bill for services rendered within 45 days of the date of treatment, a monthly late fee of \$10 will be applied to this account.**

Date \_\_\_\_\_ Signature \_\_\_\_\_