

Edith Cuevas-Mendoza, DMD
5721 W. Slauson Avenue, Suite 160, Culver City, CA 90230
(310)838-3337

FINANCIAL POLICY

We are committed to providing quality dental care and are concerned with keeping your costs reasonable. One way to accomplish this is by requesting payment at the time of your visit to minimize billing costs.

Initial _____

Our patient centered approach encourages us to make dental care accessible. We reduce financial barriers and facilitate your dental goals with **financing** through **Care Credit**.

Initial _____

Dental insurance is an agreement between you and the insurance company. **We ask that you are aware of your benefits and any limitations in your dental policy.** Our office is happy to help coordinate your benefits and file the claim for you.

Initial _____

If you are covered by dental insurance, you will only need to pay your deductible and the percentage required by your policy. When the insurance payment is received, we will refund any overpayment that you may have made or request that you pay any remaining balance. **Remember, even if you have insurance, you are still responsible for any charges you incur.**

Initial _____

Returned checks and balances over 30 days are subject to collection fees and interest charges of 1.5% per month. **All accounts not paid within 90 days will automatically be put through your personal credit card.**

Initial _____

A **cancellation charge** may be applied for missed appointments and those cancelled without **24 hours notice (from your appointment time) for weekdays and 48 hours for Saturdays.** The fee ranges from \$25.00 to \$100.00, depending on the length of the appointment.

Initial _____

As of April 11, 2014, **Discover requires us to disclose addresses** to the cardholder for fraudulent card transactions. Discover also collects these addresses for fraud prevention purposes.

Initial _____

I understand and agree to the financial policy of Dr. Edith Cuevas-Mendoza



Print Name: _____ Signature: _____ Date: _____

Credit Card Type / Number: _____ Exp. Date: _____

Dependent's Name: _____ Date of Birth: _____