

Frank Aker, DMD, FAGD

Financial Policy

Thank you for choosing Dr. Frank Aker as your Endodontist. Our main concern is that you receive the optimal treatment needed to restore your oral health. Our office wants all of our patients to be able to comfortably afford dental care; therefore, we proudly offer the following financial policy. If you have any questions, please do not hesitate to ask our financial coordinator. We ask that all patients read, initial and sign our financial policy, as well as complete our information sheet prior to seeing Dr. Aker.

Payment Options:

- **A \$100.00 deposit is required for treatment when appointment is scheduled for treatment.** This deposit is credited towards your account. Any overpayment by patient, after insurance is received, will be reimbursed back to patient. The deposit is not refunded to patient if patient misses their scheduled appointment and does not inform this office with the required 24 hour notice.
- **Cash, Credit / Debit Card - *Credit Cards Accepted: Visa, MasterCard, and CareCredit**
- **Flexible Payment Plans**
*CareCredit: Line of credit by an outside financing company; extending payment of up to 3 to 6 months.
- **In the event of default on a payment, the patient or guardian promises to pay any and all reasonable service costs incurred during the collection process. DELINQUENT ACCOUNTS** sent to the collection agency after 60 days and subject to credit reporting. You will be responsible for the collection fees.
- **NSF fees of \$30.00** will be charged to patient for any returned checks.

*We schedule appointments specifically for you for your consult or treatment. Patients are required to give a **24 hour noticed** for all appointment cancellations. Failure to do so will result in a **\$125 missed appointment fee.***

*To make sure that we have adequate time for your consult or treatment, please be here **15 minutes** before actual appointment.*

- Children under the age of 13 cannot be left unattended in the waiting area. Please make sure you bring a responsible adult to watch small children. We love children but our staff is not responsible for watching children during your treatment.
- Payment is required at the time services are rendered.

Insurance:

- Your insurance policy is a contract between you, your employer and the insurance company. We are not a party in that contract. Please direct insurance questions over coverage to those parties.
- Most insurance companies do not cover 100% of the cost of your treatment.
- You will be asked to pay your deductible and your estimated portion at the time services are rendered.
- Please keep in mind that any estimate we provide to you is only an insurance **estimate** and that you are responsible for **all fees** in there entirety.
- We will accept assignment of benefits; this means that you must sign the below portion that “assigns” your insurance payments to our office.
- **Overpayment** by your insurance company will be promptly refunded to you.
- **Secondary** insurance cannot be filed from this office.

I authorize the use of this signature on all insurance submissions.

Again, thank you for choosing Dr. Frank Aker as your Endodontist. We appreciate your trust in us and we are glad for the opportunity to serve you.

Signature of Patient or Guardian

Date