Advanced Dental & Denture

9835 16th Ave SW, Suite 101, Seattle, WA 98106
Phone: (206) 763-8883 Fax (206) 786-8887

- Office Policies -

In our continued commitment to provide the highest quality of dental care available to all of our patients and to have those services comfortably affordable, we are please to offer the following:

Personal Checks, Cash, Visa, MasterCard – are always welcome.

Payment Plans – Available though CareCredit upon approval of credit application or in house financing.

Insurance Plans – Co-payments will be estimated and due at the time of service. As a courtesy to our patients, we will submit all necessary information and process your insurance benefits in our office. All questions regarding your insurance benefits must be addressed to your insurance carrier.

Emergencies – First time patient will be seen on a cash basis unless insurance coverage can be verified.

Cancellations – We reserve the right to charge a $50 fee for failure to contact our office at least 48 hours in advance to advise us of any changes to scheduled appointments. Failure to contact us for multiple cancellations may result in the loss of the privilege to schedule future appointments or dismissal from the office.

Records Release – We reserve the right to charge a processing fee of $50 for releasing of records with request to duplicate of x-rays copy written chart entries to patient or other providers within 48-72 hours.

Service Charges – Any estimated portion, not covered by insurance, is due to be paid within 60 days of the date of service, regardless of whether or not ay insurance benefits have been received. 1% per month interest, 12% per year will be charged on accounts 60 days from treatment date.

Collections/Attorney Fees – Any fees incurred as a result of turning a delinquent account to collections will be the responsibility of the account holder.

NFS Checks – There is a $50.00 fee for all returned checks.

By singing below, I have reviewed and understand the above office policies.

Patient Name: ____

____ ____________________
Signature (Responsible Party) Date

____ ____________________
Signature (Office Representative) Date