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FINANCIAL POLICY

INSURANCE CLAIMS ARE FILED AS A COURTESY TO OUR PATIENTS. HOWEVER, PLEASE REMEMBER THAT SOME INSURANCES PAY FIXED ALLOWANCES FOR CERTAIN PROCEDURES, AND OTHERS PAY A PERCENTAGE OF THE CHARGE. MOST PLANS HAVE MAXIMUM YEARLY ALLOWANCE AFTER WHICH NOTHING WILL BE REIMBURSED. THIS APPLIES TO WORK YOU HAVE DONE AT DENTAL SPECIALISTS OR OTHER DENTAL OFFICES. IT IS, NONTHELESS THE PATIENT'S RESPONSIBILITY TO PAY ANY DEDUCTIBLE, CO-INSURANCE OR ANY OTHER BALANCE NOT PAID BY THE INSURANCE COMPANY. IF WE ARE FILING YOUR CLAIM WE WILL ALLOW 45 DAYS FOR THE INSURANCE COMPANY TO PROCESS AND PAY THE CLAIM. IF PAYMENT IS NOT RECEIVED WITHIN 45 DAYS THEN WE WILL ASK YOU, THE PATIENT, TO PAY THE BALANCE DUE WHILE YOU AWAIT REIMBURSEMENT FROM YOUR INSURANCE. BILLING IS DONE AS A COURTESY TO YOU, OUR PATIENT, AND IS NOT TO DISMISS YOUR RESPONSIBILITY.

ALICIA C. ABELLA-TORRENTE, D.D.S., P.A.

I CERTIFY THAT I HAVE READ AND UNDERSTAND FULLY THE DOCTOR'S BILLING POLICY AND AGREE TO MAKE PAYMENT IN FULL OR SATISFACTORY ARRANGEMENTS WHEN ASKED TO DO SO, AS SPECIFIED ON THIS PAGE. I AGREE THAT SHOULD THIS ACCOUNT BE REFERRED TO AN AGENCY OR ATTORNEY FOR COLLECTION, I WILL BE RESPONSIBLE FOR ALL COLLECTION COSTS, INCLUDING ATTORNEY'S FEES AND COURT COSTS.

PATIENT OR RESPONSIBLE PARTY (SIGNATURE)

DATE

MISSED APPOINTMENT POLICY

APPOINTMENT TIME IS SET ASIDE ESPECIALLY FOR YOU. 24-HOUR ADVANCE NOTICE IS REQUIRED TO CANCEL OR RESCHEDULE AN APPOINTMENT. MISSED APPOINTMENT CHARGES ARE ASSESSED AT \$50.00 FOR EVERY HOUR OF SCHEDULED TIME.

PATIENT OR RESPONSIBLE PARTY (SIGNATURE)

DATE