

**Nelson J. Mar, D.D.S.**  
5220 N Dysart Rd, Ste 144  
Litchfield Park, AZ 85340  
623-536-6845

## **Financial Policy**

Payment for services is expected at the time service is provided. If treatment requires multiple appointments, payment may be divided over the number of appointments. Personal checks are accepted. If an extended payment plan is desired, please ask us about the Care Credit program. MasterCard and VISA credit card payment are also welcome.

I understand and agree that all services rendered me, my dependents, or others assigned by me to my account are charged directly to me. I further understand I am personally responsible for payment. If I suspend or terminate care and treatment, any fees for services rendered will be immediately due and payable. Should the fees for the professional services not be paid in accordance with the provisions herein, reasonable attorney's fees, plus applicable finance charges and disbursements, allowances and costs provided by law shall be included in the computation of the amount due. Finance charges can be applied to all past due amounts at the rate of **3.0%** per month. If the account is in default and turned over for collection, a collection fee will be added.

**If you have dental insurance...** As a courtesy, we will file your claim for you. We may accept direct payment from most insurance companies. We will estimate your deductible and the portion not covered by your insurance, which is due at the time of treatment. Our estimates may be different than your insurance company's calculations; therefore, the amount due our office may be adjusted accordingly. You may find that our fees may be different from the insurance company's schedule of "allowable" or "UCR" fees. Please note even if your insurance policy states that your policy is effective at a given percentage per procedure (ex. 100%, 80%, 20% Prev/Rest/Major), it is NOT a guarantee that the insurance company will pay at this full percentage on a given procedure. Any insurance claims denied or remaining unpaid after 60 days will automatically become the responsibility of the patient. **The patient is ultimately responsible for the account regardless of insurance coverage.**

*Dr. Mar has reserved a time block for your treatment. Any cancellations must be announced at least 48 hours before the appointment. A missed appointment or cancellation under 48 hours will force us to require prepayment of a deposit or a \$50-\$100 broken appointment fee before we will schedule.*

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Print Name

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Signature & Date

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Office copy. If you would like a copy of this, please let us know and we will Xerox one for you.

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