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Billing Policies

For those patients **without** dental insurance, payment is due in full at the time services are rendered.

For those patients **with** dental insurance, the patient portion is due in full at the time services are rendered.

Our goal is to have your insurance claim(s) processed in 30 days or less. If your insurance claim(s) reaches an outstanding period of 90 days or more, payment is due in full upon receipt of our billing statement and we will continue to work with your insurance company for reimbursement.

The balance of the account and the cost of the treatment provided is the full responsibility of the patient or the person who is financially responsible.

We cannot determine or foresee with 100% accuracy how your insurance company will process your claim. All services are subject to maximum benefit, deductible, frequency limits, and the rules and guidelines embedded in your plan. Insurance reimbursement is not guaranteed. **Treatment plan estimates should not be construed as 100% accurate.** Patient's final responsibility is determined after your insurance company processes your claim. If we under collect at the time of service, you will receive a billing statement and the remaining balance is due in full upon receipt. Partial payments will not be accepted unless prior arrangements have been approved.

Pre-treatment estimate claims are only submitted upon request and not submitted as part of normal office policy. If you feel that you will not proceed with the proposed dental treatment due to a lack of insurance reimbursement, please request that a pre-treatment estimate claim is submitted. If you accept the proposed treatment regardless of insurance reimbursement, there is no need to have a pre-treatment estimate claim submitted.

APPOINTMENT CANCELLATIONS AND NO SHOW POLICY

Please help us maintain the operation of our office on sound principles so that we may assure you and other patients of uninterrupted service. Once you have made an appointment this time is reserved for you; therefore a 48 hour notice is requested if cancellation or rescheduling is required. ***Failure to show up or cancel an appointment without sufficient notice will result in a \$50.00 fee.***

We accept CareCredit.

Current interest rate is 1.8% on late payments (21.6%APR) (Subject to change without notice).

Date: _____

Printed name of patient (or parent/guardian): _____

Signature of patient (parental/guardian): _____