ARIZONA CENTER FOR LASER DENTISTRY

Welcome to AZCLD!

Please read and sign our Financial Policy below.

AZCLD requires payment in full the day of treatment regardless of insurance coverage. We will file a claim on your behalf and your insurance company is to reimburse you. Each patient, not the insurance, is responsible for the payment of all charges. We can provide you with an informational brochure regarding dental insurance from the American Dental Association.

AZCLD is out-of-network with all PPO/DPPO & Indemnity insurance companies. It is your responsibility to know your insurance company's benefits, limitations, and exclusions, which some services may not be covered. It is simply not possible for us to know the details of every insurance plan. We can reimburse you for any insurance payments received at our office.

AZCLD does not participate in any DMO/DHMO or Dental Savings Plans. Nor do we participate in the Arizona Healthcare Cost Containment System (AHCCCS), Arizona Physicians Independent Provider Association (AP/IPA) or Medicare. These insurance plans require you to select a specific in-network provider. However, Medicare Advantage may have PPO Dental Plan options.

AZCLD accepts Visa, M/C, American Express, Discover, check, or cash. There is a 3% fee applied to all credit cards (debit cards do not apply). A charge of $38.00 will be applied to your account for any unpaid checks. We do offer third party patient financing. Please ask our front office for more information.

AZCLD requests a 24-hour minimum notice (excluding weekends and holidays) if you are unable to keep your appointment. If we do not receive sufficient notice or the patient does not show up for their appointment, an $88.00 Rebooking Fee must be paid before we can reschedule your appointment.

AZCLD does not utilize a monthly billing service. If billing is requested a $25.00 charge will be applied to your account monthly until your balance is paid in full.

By signing below, I agree to AZCLD's Financial Policy. If my account becomes delinquent, it may be referred to a third-party collection agency and/or an attorney. I would be responsible for the full account balance, fees and/or costs of a suit incurred due to my unpaid account balance at AZCLD.

_____

Patient's Name

_____ _____

Patient's Signature (or guardian if patient is a minor) Date

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