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Our Policy Regarding Payment for Dental Services

Our office is committed to providing you with the best of dental care while trying to avoid increasing our fees, for as long as possible. To achieve this goal, we need your assistance and your understanding of our policy for payment.

The cost of maintaining dental records, billing, postage and insurance correspondence is skyrocketing. To keep dental fees as low as possible, the following policy is in effect:

Payment for dental services is due at the time the services are provided. We accept cash, checks and all major credit cards.

Please remember that payment for dental services is the **direct responsibility of the patient** and not of the insurance company. **Dental insurance** is a method of reimbursing the patient for fees paid to the dentists and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. If you have dental insurance, we are happy to bill your private insurance as a courtesy to you.

1. The co-payment/percentage of dental treatment fee is due at the time of visit.
2. Not all dental services are covered by all insurance plans. Some insurance companies arbitrarily select certain dental services they will not cover.
3. Questions regarding policy coverage should be discussed with your insurance carrier representative. It is your responsibility to pay any deductible, co-insurance, and/or other balance not paid for by your insurance. If there is a delay or problem with your insurance carrier we will expect payment from you after thirty (30) days have passed.
4. This office is not responsible for knowing the terms of the particular policy in which you are enrolled.
5. Our fees fall within the acceptable range by most insurance companies and are, therefore, reasonable and customary for this region, regardless of their claims.

If you have temporary financial problems at any time, we encourage you to contact us promptly so we can assist you.

I have read and understand the above policy

Signed _____

Dated _____

Your Financial Options

Cash or Check
Dental Insurance Co-Payment
Discount for pre-payment 5%
Mastercard, Visa, Discover,
American Express

Credit Card Number Exp. Date
Additional Arrangements: