Dr Lenny Arias DDS, FAGD
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Office (520)299-5122 Fax (520)232-9015
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Financial Policy

As a professional courtesy to our patients, we make every effort to inform you about the cost of your dental care prior to your treatment. Despite our best efforts, we cannot always anticipate every cost, or how much your insurance plan will reimburse. Patients who utilize dental insurance understand that the services we provide are charged to the patient's account, and the patient is personally responsible for payment of the services not covered by the insurance company.

Payment is expected on the day that dental services are rendered.

If you have dental insurance, we will be happy to submit your claim on your behalf. If your coverage can be verified, then we will collect any deductibles, co-payments or co-insurance on the day of service and bill your
insurance company for the remaining balance. In the event that your coverage cannot be verified prior to your treatment, we will collect payment in full at the time of service, and we will assist you with the forms to submit to your insurance company for reimbursement.

Please note that reimbursement from your insurance company is not guaranteed; any unpaid claims are the patient's / guarantor's responsibility.

The benefits your insurance company allows for you are based on your employer's preferences, and not the doctor's diagnosis for treatment needs or recommendations.

Account charges & billing

Patient account balances (after insurance has paid the claim), will be billed immediately, and payment is due within 14 days from the date of billing. Repeat billing do to non-payment will incur a minimum of $5 administrative fee for each monthly billing cycle. Unpaid balances overdue at 90 days from the date of service are considered delinquent, will be turned over to collections after a written notification to the patient. These cannot be cancelled after being submitted to collections, and the collection fees are the responsibility of the patient. Accounts past due after the 90 days will incur a 1.5 % per month (18% per annum) service charge. Extended payment accounts will incur a 1.5% per month (18% per annum) service charge.

Pre-determinations & Pre-Authorizations

The treatment plan fee estimates we provide expire after 3 months from the examination treatment plan date. Predeterminations are not a guarantee of coverage. *Please note that reimbursement from your insurance company is not guaranteed; any unpaid claims are the patient's / guarantor's responsibility.*
We reserve the right to charge an administrative fee for repeat patient requested pre-determinations.

Cancellation Policy

We understand that occasionally unplanned events require you to break an appointment with us. When this happens please extend to us the courtesy of at least **48 working hours advance notice**. We will be happy to reschedule your appointment to a more convenient time.
Failure to notify the office will result in a $50 fee per hour of scheduled time.

I have read and accept the terms of the financial and cancellation policies.

Printed Name: _____

Signature:_____ Date:_____

For your convenience, we accept payment by: cash, debit cards, personal checks, MasterCard, Visa, Discover and American Express.