RICARDO C. GUILLEN, D.D.S.,P.L.L.C.

rev.1/ 2015

FINANCIAL POLICY

Please read and sign this Financial Policy and complete the Patient Information Forms prior to seeing the dentist.

Thank you for choosing Ricardo C. Guillen, D.D.S.,P.L.L.C. as your dental provider. In our ongoing process to make sure that all your dental needs are met, our billing department will be available to discuss this policy with you. **You are required to pay your estimated portion on the day of service, and are ultimately responsible for the entire bill.** We accept cash, check, Visa, MasterCard, Discover, and American Express, as well as offering Advance Care & Care Credit Finance to those who qualify. As a courtesy to you, it is the policy of our office to bill your insurance carrier. As the Responsible Party, **please read and initial each item**, and sign the bottom of this document declaring that you understand the following:

INITIAL IF YOU UNDERSTAND AND AGREE:

_____1. It is Dr, Guillen's Office Policy that I am required to provide my social security number and driver's license (or government issued picture I.D.) at my first appointment. (We are HIPAA Compliant, and will keep your information private.)

_____2. Fees for service, which include deductibles and estimated co-payments, are due at the time of service. If I fail to make any of the payments regarding unpaid balances for which I am responsible in a timely manner, or a check is returned, these may be subject to interest charged a rate of 18% APR on unpaid balances over 30 days. I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees. ***This office is a Credit Reporting Institution.***

*_____3. (**INSURANCE**) My insurance policy is a contract between the insured and the insurance company. Ricardo C. Guillen D.D.S.,P.L.L.C is not a party to that contract. I am responsible for knowing my insurance benefits, regardless of the information provided by anyone else. Dr. Guillen will not become involved in disputes between me and my insurer regarding deductibles, co-payments, covered charges, secondary insurance, and "usual and customary" charges. Dr. Guillen will only supply factual information to facilitate claim processing.*

_____4. All charges are my responsibility whether my insurance company pays or does not pay. If my insurance carrier does not remit payment within sixty days, and the claim cannot be resolved, I am responsible for any unpaid balance within 30 days. If any insurance payment is made directly to me for services billed by Dr. Guillen, I recognize an obligation to promptly contact and remit payment to Ricardo C. Guillen D.D.S.,P.L.L.C. for that amount.

_____5. If a patient on my account fails to keep an appointment or cancel without 24 hours' notice (unless an emergency arises); I am responsible to Dr. Guilen for a cancellation fee of $28.00 for the first missed appointment, and $60.00 for any repeated missed appointments. I understand that Dr. Guilen has the right to collect a non-refundable deposit to make an appointment, or ultimately dismiss any patient on my account if repeated appointments are missed without proper notice given.

We understand that financial problems may affect timely payments from time to time. We encourage you to communicate any such problems to us*immediately,* so that we may assist you in keeping your account in good standing. If you have any questions, please call (361)643-7811.

Printed name of Responsible Party _____

_____ _____

Signature of Responsible Party **Date**