



Thanks for Choosing Alaska Dental Care!

Our office wants all our patients to be able to comfortably afford their dental care. We proudly offer the following financial choices so our patients can have the opportunity to decide which payment option best suits their needs. If you have any questions, please ask.

We are here to help!

Financial Options for Our Patients

Cash, Check, Credit Card. (VISA, Master Card, Discover, American Express)

We are happy to offer a 5% prepayment courtesy adjustment for all restorative treatment, if paid in full, within five (5) working days from the day the patient schedules the appointment date.

Outside Financing. We have several different finance companies to choose from that offer payment plans to patients with good standing credit. Payment terms range from 3 months to 60 months and require no down payment. Some of the plans are Interest Free up to 24 months while others have an interest charge that is typically less than half of personal credit cards. The application process can be completed within a few minutes in our office, or may be made from the privacy of the patients' home.

Insurance. Our office will gladly work with most insurance companies to help our patients get the maximum benefit available from their company. Most dental plans do not cover 100% of the cost of treatment. Because of this, we ask our patients to pay their deductible and estimated percentage on the day service is rendered. We will estimate as closely as possible, however, we can make no guarantee of any estimated or actual amounts.

Note: Dental insurance coverage is a negotiated contractual agreement between your employer and the insurance company, but the ultimate responsibility for all charges lies with you. If, after 60 days, the insurance company has not paid the claim, you will be responsible for the total balance.

Long Appointment Deposit. Before scheduling an appointment that will be 2 hours in length or more, the office requires a deposit, either \$500 or the estimated patient portion, whichever is less.

Responsible Party

Printed Name _____

Signature _____

Date _____