Pure Zen Implant & LASER Perio
Implant, LASER & Cosmetic
Gum Treatments
LANAP-Certified Clinician since 2011

Elizabeth M. Tandy, DMD, MS

(480) 782-1131 • 3509 S. Mercy Road, Suite 107 Gilbert, AZ 85297

FINANCIAL POLICY

With your medical insurance there is fixed fee for each visit with a known co-payment for you. With dental insurance they pay a percentage and we as a third party to the billing never know exactly how much they will cover until a dental claim is filed. The fees incurred during your dental treatment are your responsibility as the policy holder. If the insurance company does not pay for the services that have been rendered you understand you as the policy holder are responsible. _____

These are some options for handling payments at our office

1. Estimate what your insurance will cover, and have you pay at the time of our visit & any co-payment. If there are any additional monies due we will send you a statement.
2. You make keep a credit card on file with us so that we may process your payments as soon as the insurance settlement is received.
3. You pay the full fees and we will help you file a claim with your insurance company for reimbursement
4. There will be a $25.00 fee added to outstanding balances at 30 days from procedure date. Also can include a .3% financing fee.

We know that in today's busy world , your time as well as ours is extremely valuable and we try to minimize your wait time at all cost, and maximize what can be accomplished at each visit. Please understand that although we make reasonable exceptions, there will be charge of $80.00 for appointment not changed or cancelled 48-hrs in advance. Please note that these charges are likely not covered by your insurance policy. Changes or and or cancellations must be made during office hours. Voicemail messages and/or email left after hours are not accepted as a means of cancellation. _____

Services for SEDATION procedure must be paid in full before sedation appointment can be made. This payment is NON-REFUNDABLE _____

A deposit in the amount of $500.00 is to be made at the time surgical procedures are scheduled. This deposit applies to surgical procedures exceeding $400.00 or more. This deposit is Non- Refundable if your appointment is changed or cancelled without 2 business day's prior notice. Again, these changes must be made during office hours and not via voicemail and / or email after hours. _____

I have read, understand and agree to abide by the financial policy of Palo Verde Periodontics, PLLC. I may request a copy of this policy at any time.

Patients Signature: _____