

CHRISTOPHER STELLPFLUG, D.D.S.

931 Oak Park Blvd, Suite 203 * Pismo Beach, CA 93449 P: (805) 481-1789

FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask us if you have any questions about our fees, Financial Policy or your responsibility.

-All patients must complete our "Patient Registration Form" prior to seeing the Doctor.

-FULL PAYMENT IS DUE AT THE TIME OF SERVICE.

-WE ACCEPT CASH, CHECKS, VISA/MASTERCARD, and CARECREDIT.

ADULT PATIENTS

Adult patients are responsible for full payment at the time of service.

MINORS ACCOMPANIED BY AN ADULT

The adult accompanying a minor, and his/her parents (or guardians) are responsible for *full payment* at the time of service.

UNACCOMPANIED MINORS

The parents (or guardians) are responsible for **full payment**. Non-emergency treatment will be denied unless charges have been preauthorized to an **approved** credit plan or to a Visa/Mastercard, or paid in cash or check at the time of service.

REGARDING INSURANCE

If you have insurance, we will help you to receive maximum benefits. If we accept your insurance, you must pay your deductible and your co-payment (if they apply) time of service (some procedures require 50% payment). If your insurance company has not paid the FULL BALANCE within 45 days, you will have 15 days to pay the balance. Late Payment Charges are added to unpaid accounts after 60 days from date of service. If your insurance company pays more than the balance due, we will send a refund check to you immediately.

Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases (we will inform you if we are a party to your insurance contract, and will handle your claims according to our agreement with the insurance company if one exists). We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc. other than to supply factual information as necessary. You are responsible for the timely payment of your account.

MISSED APPOINTMENTS

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit (\$50.00 an hour). Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy and please let us know if you have any questions or concerns.

Responsible Party Signature _____ Date _____