

Sierra Dental, P.C.
German A. Sierra, D.D.S.
155 W. Center Street
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Snowflake, AZ 85937
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Financial Policy

Thank you for choosing us as your dental provider. Please understand the payment of your bill is considered a part of your dental service. The following is our financial policy, which we request you read and sign prior to your office visit.

Our practice is committed to providing the best service possible for our patients and our charge is in fact the usual and customary rates for our area.

FULL PAYMENT IS DUE ON DATE OF SERVICE
Unless prior arrangements are made, we accept cash, checks, Visa or MasterCard.

All fees for service must be paid in full within three months of completion of services. If a payment plan is absolutely necessary there will be an 18% annual interest rate applied to any balances over 90 days.

The adult accompanying a minor and the parents or guardian is responsible for full payment at the time of service.

If payment is not received your account will be turned over to our collection agency for collections, you will be responsible for any charges incurred.

DENTAL INSURANCE
The balance of your account is your responsibility, whether your insurance company pays or not. We will bill your insurance company if you provide current dental insurance information as a courtesy to you.

Your insurance policy is a contract between you and your dental insurance company, it is your responsibility to follow up with your insurance company to make sure they pay their share, or you are liable for payment of your account.

Thank you for your business!

I have read the above financial policy. I understand and agree to this policy.

X _____ Date _____
Signature of Patient/Responsible Party