

# ALLEGIANCE DENTAL

4690 Genesee Avenue, Suite B  
San Diego Ca 92117  
(858) 279-6100

## Welcome To Our Office

We would like to take this time to welcome you to our office. For your convenience, we have designed this letter to explain some of our office policies.

As a member with insurance benefits, you as a patient, pay for services rendered according to the list of surcharges set by your insurance plan. Fees for services are paid at the time services are rendered.

As a courtesy to you, our patient, upon completion of the examination, you will receive a written estimate of the dental work to be performed. This will enable you to know exactly what dental work is planned and what the approximate cost will be.

It is also our policy to make definite financial arrangements before any dental work is started. Payments are rendered at the time of service. For your convenience, we have various methods of payments available.

- CASH
- CREDIT CARDS: (VISA, MASTERCARD, and DISCOVER)
- CHASE and CARDCREDIT {**NO INTEREST PAYMENT PLANS**}
- PERSONAL CHECKS and MONEY ORDERS

In the event of two insurance coverage's

- The prime carrier for the husband is his insurance.
- The prime carrier for the wife is her insurance.
- The benefits for the children are determined by the date of birth of the parents known as the birthday rule.

By utilizing both insurance's you will maximize your benefit potential.

The duplication of any x-rays will be a charge of **\$25.00**. **Please allow 48 to 72 hours for any duplication of x-rays.**

We require **48 business hours** for any cancellations of dental appointment. **If no notice is given, it will result in a charge of \$50.00 per hour of appointment time. NOT INCLUDING HOILDAY.**

Our dental staff, receptionists, and assistants operate as a team. We take great pride in our training, knowledge, and capabilities and we want you to know that we are dedicated to giving you quality dental care and will go out of their way to make certain that every visit to our office is a pleasant experience. Again, we welcome you to our office. If you have any questions, please feel free to ask one of our staff members.

I have read and understand the above office policies.

Responsible Party or Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_