

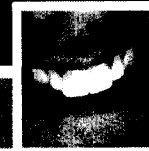
Twin Mountain Dentistry, PA

Ricardo Ochinang, DMD

5769 Sherwood Way Suite 140

San Angelo TX 76901

(325)944-4111



www.twinmountaindentistry.com

Written Financial Guidelines

Thank you for choosing Twin Mountain Dentistry, PA. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several different payment options. Our goal is to provide you with the ideal dental treatment that you need and desire. Please do not hesitate to ask if you have any questions or concerns.

Payment Options you can choose from:

Cash, Check, Visa, Mastercard, American Express or Discover

NO INTEREST(1) Payment Plans from CareCredit

*Allows you to pay overtime with NO INTEREST(1)

*Convenient, low monthly payment plans(2) also available

*No annual fees or pre-payment penalties

PLEASE NOTE: Twin Mountain Dentistry, PA requires full payment of services rendered at each visit.

For patients with dental insurance, as a courtesy, we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment.(3) Your estimated patient portions, including deductibles, will be due the day services are rendered. Please understand the Treatment plan given is only an estimate. Ultimately, it is the responsibility of the patient to understand his/her dental insurance benefits.

A fee of \$25.00 per hour will be charged for patients who miss or cancel a confirmed appointment without a 24-hour notice. Twin Mountain Dentistry, PA charges \$30 for any returned checks. If an outstanding balance is left unpaid after 30 days of the Statement date a finance charge of 18% will be charged to the account.

PROTOCOL FOR PATIENT REQUEST OF DENTAL RECORD

All charting, digital radiographs, and photographs prescribed by Dr Ochinang, are the property of Twin Mountain Dentistry, PA. In order to obtain copies of your dental record, the following protocol must be followed:

-24-hours notice must be given in order to give our staff adequate time to prepare the copies.

-Our DENTAL RECORD RELEASE FORM must be signed by the patient or the legal guardian of the patient.

-A duplication charge of \$15.00 will be due the day the record is picked up or before the record is mailed.

(1) If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

(2) Subject to credit approval.

(3) However, if we do not receive payment from your insurance carrier with 90 days, you will be responsible for payment of treatment fees and collection of your benefits directly from your insurance carrier.