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## **Financial Guidelines**

Welcome to Dentistry by Design and thank you for entrusting us with your dental care. Doctor Theodore H. Ionescu and our team of dental professionals are committed to providing a lifetime of optimum oral health to our patients and strive to foster patient relationships based on mutual trust, excellent customer service and the best dental care available. Feel and look your very best through our excellent dental care. We are devoted to your treatment being successful and dedicated to finding affordable financial options that fit your lifestyle.

Please understand that payment of your services is considered part of your treatment. Because of this, we have adopted financial guidelines for ALL of our patients. Please read and sign this policy prior to any treatment being started.

For your convenience, Dentistry by Design accepts **Visa, MasterCard, American Express and Discover**. You also may be interested in **CARE CREDIT**, a third-party financial group offering a line of credit for dental/medical fees, for those who qualify.

**Kindly remember - you are fully responsible for all fees charged by this office regardless of your insurance coverage.**

- 1) All patients must complete our patient information forms before seeing the doctor or the hygienists for treatment.
- 2) **Full payment is due at the time of service for your dental treatment.**
- 3) If you have dental benefits (a.k.a. insurance), your portion for your dental treatment will be due at the time of service.
- 4) We accept cash, check, all major credit cards, and third party financing. We do not offer in home payment plans.
- 5) For large multi-appointment procedures, payments may be divided into two equal payments. One-half is to be paid on the day treatment begins; the remaining half is to be paid when treatment is complete.
- 6) We offer the following courtesy for our eligible patients only
  - 5% senior courtesy for eligible patients 65 and older. \*\*
  - 5% reduction in fee for eligible patients who **pre-pay their treatment in full** by cash or check before their scheduled appointments. \*\*
  - 5% professional courtesy for eligible patients who are engaged in the dental//medical field

***\*\*Maximum courtesy of 5% may apply for any given patient or procedure.***

- 7) Any adult that accompanies a minor child (the parents or legal guardian) are responsible for full payment for that minor child at the time of service. If this child is unaccompanied, non-emergency treatment MIGHT be denied unless payment has been made in advance.
- 8) In the unusual event that your account becomes past due and is referred to an outside collection agency or attorney, you will be responsible for all collection costs, reasonable attorney fees, and court fees incurred by this office.

**Dental Benefits (INSURANCE)**

If you belong to an insurance plan, and you are able to choose your dental provider, our team will assist you by filing your insurance claim as a benefit to you. However, please be prepared to pay any patient portions and/or deductibles in full at the time of service. Your portion is estimated ahead of time for you, so you will be aware how much is due at the time of service. Be aware that the balance incurred at our office is your personal responsibility regardless of your insurance company's payment and coverage. Coverage amounts vary from policy to policy, and **it is your responsibility to inquire about coverage amounts and limits of liability on your insurance policy.** It is practically impossible for us to know all individual insurance policies. Please understand that your insurance policy is a contract between you (or your employer) and your insurance company. Dentistry by Design holds no party to that contract and will not be responsible in the event your insurance company denies any claim.

Thank you for choosing Dentistry by Design as your dental provider and for understanding our Financial Policy. If you have questions regarding your account or would like more information, please contact us at 916-685-4662, e-mail us to [ionescudds@elkgrovedentistry.com](mailto:ionescudds@elkgrovedentistry.com) or in person at 9381 E Stockton Blvd, Ste 100, Elk Grove, CA 95624..

**Please bring your insurance information with you to expedite reimbursement.**

I understand and agree to this financial policy. I have read the financial policy and agree that a photocopy of the financial policy shall be considered as effective and valid as the original. Regardless of what insurance coverage I have, I am ultimately responsible for the timely payment of my account and I hereby authorize the payment of insurance benefits to be made directly to Dentistry by Design.

Patient Name (Please Print)

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Responsible Party Name (Please Print)  
(if different than patient)

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date