

Alan L. Noelck, D.D.S.
551 Plaza Circle
Litchfield, AZ 85340
Phone (623) 935-1155

Financial Policy

1. Payment is due at the time of Service.
2. We accept Visa, MasterCard, Discover, American Express, and CareCredit.
3. We will assist our patients with the filing of their primary and secondary insurance. If insurance payment is not received within 60 days of service, the entire balance will become the responsibility of the patient. Any filing for secondary insurance will become the responsibility of the patient.
4. We ask that patients pay their deductible and their copay at the time of service.
5. Any treatment requiring lab services, requires at least 50% to be paid at the time of first appointment and the remaining portion to be paid at time of delivery or completion.
6. A predetermination will be sent to insurance company per patient request. A predetermination of benefits is not a guarantee of payment.
7. For patients with **no insurance**, a 5% cash discount is available on services over \$500.00 if paid in full at time of service.
8. Parents who bring in children for treatment are responsible for payment in the cases where divorce is involved.
9. We reserve the right to apply late fees or 1 ½ % interest per month on all balances outstanding over 90 days from date of service.

Patient's or Guardian's Signature

Date