



2819 Dawson Street. Anchorage, AK 99503 Ph: 907-562-4774

Email: info@alcanfamilydental.com

Office Policy and Financial Agreement

For the convenience of our patients, the following office policy and financial agreement has been established for your review.

Cash:

Receive a 5% courtesy by paying in full with cash at the time of your visit. This courtesy only applies if you pay in full for all services.

Credit Cards:

We except VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS. We offer these to allow you the most convenience in taking care of your account.

Dental Insurance:

As a service to our patients, we will file your dental insurance via electronic claims. We work with your insurance company to provide the most accurate estimating of your co-pay amount but cannot guarantee any actual out of pocket expense due to the difference in allowed fees by each insurance carrier. PAYMENT IN FULL BEFORE SERVICES ARE RENDERED IS REQUIRED FOR ALL PATIENTS WITHOUT INSURANCE. Insured patients are required to pay the full amount not covered by insurance at the time of the visit. As with all insurances we cannot guarantee coverage and you will be responsible for any amount not covered for your insurance.

Payment Plans:

At this time we do not offer payment plans except with CARE CREDIT/LENDING CLUB. Ask the reception desk about these lines of credit. Regardless of insurance you are expected to pay for all services at the time they are provided.

Cancellations:

As a courtesy to all patients, we ask that 24-hour notice be given for a cancelled appointment. Multiple last minute cancelled or no show appointments could result in a restriction of the availability for your appointments (only first or last appointment of day) to prevent lost production and to leave availability for emergency patients. **If you miss more than 3 appointments, you will be charged a \$100.00 cancellation fee that must be paid in cash BEFORE you will be allowed to reschedule.**

Patients Printed name or Legal Guardian name: _____

Patients Signature or Legal Guardian of a Minor: _____

Date: _____