Dental Practice Policies and Financial Agreement

Anthem Dentistry
Anthem Dentistry
3668 W Anthem Way #162
Phoenix, AZ 85086
(623) 551-7500
dentistry.anthem@gmail.com

Patient Name: _____

Date of Birth: _____

Responsible Party/Guardian: _____

Relationship to the patient: _____

Signature: _____

Date: _____

Welcome

Welcome to Anthem Dentistry. We appreciate the opportunity to provide you with quality dental care. To ensure clear communication and efficient service, please review the following policies carefully.
Your signature below confirms your understanding and agreement.

Appointments & Missed Appointments

We reserve time specifically for you. If you are unable to keep your scheduled appointment, please provide at least **48 business hours' notice**.
Failure to provide proper notice or failure to appear for a scheduled appointment may result in a broken appointment fee as follows:

- **Missed appointment with the Dentist: $100.00**
- **Missed appointment with the Hygienist: $50.00**

Repeated missed appointments may result in dismissal from the practice.

We make every effort to run on time. If you arrive more than **15 minutes** late, we may need to reschedule your appointment.
Occasionally emergencies arise that cause delays. We respect your time and will make every effort to stay as close to your appointment time as possible.

Payment Policy

Payment is due at the time services are rendered unless prior arrangements have been made.
We accept cash, debit cards, and major credit cards.
If you have dental insurance:

- We will submit claims as a courtesy.
- Insurance is a contract between you and your insurance carrier.
- Estimated patient portions are due at the time of service.
- Any balance not paid by insurance within **60 days**, for any reason, becomes the responsibility of the patient.

Once insurance payment is received, any remaining balance will be billed to you. Payment of outstanding balances is due in accordance with Anthem Dentistry's financial policy.
If insurance claims remain unpaid, it is the patient's responsibility to follow up with the insurance carrier. The office will continue to assist with claim processing as a courtesy.
Returned checks may be subject to a fee in accordance with office policy and applicable law.
Accounts not paid as agreed may be subject to interest or finance charges as permitted by applicable law and office policy.

Past Due Accounts

Accounts that remain unpaid beyond **90 days** may be referred to a collection agency.
If your account is referred to collections, you agree to be responsible for collection fees permitted by applicable law, as well as reasonable attorney fees and court costs if applicable.

Treatment Estimates

Any fee estimate provided is not a guarantee of insurance payment.
Actual coverage is determined solely by your insurance carrier. You are responsible for all services rendered, regardless of insurance benefits.

No Guarantee of Results

Dentistry is not an exact science and results cannot be guaranteed. No guarantee or assurance has been made regarding the outcome of treatment you have requested or authorized. Each dentist is an individual practitioner and is solely responsible for the dental care rendered.

Records Requests

Original records remain the property of the practice.
Upon written request, copies of records will be provided within the timeframe required by state law. A reasonable duplication fee may apply where permitted.

Arbitration Agreement

Patient Initials: _____

The patient and dentist (including their corporations, representatives, staff, agents, parents, guardians, children, and all related individuals and entities) agree that all disputes arising from events that occurred in the dental office will be determined through submission to an arbitrator, and not by a lawsuit or other legal proceeding filed in a federal, state, county, or municipal court.
By signing this Arbitration Agreement, the parties waive and forfeit their constitutional, statutory, or common law rights for a judge or jury to decide disputes, and instead accept the use of a private arbitrator. This Arbitration Agreement covers all disputes related to dental treatment, financial matters, or any other events that occurred in the dental office—whether in tort (intentional or negligent), contract, statute, common law, or otherwise—including, without limitation, actions relating to dental negligence, return of fees, loss of consortium, wrongful death, discrimination, emotional distress, or punitive damages.
The arbitration shall bind all parties, including any spouse or heirs, and will not be subject to court review. Either party may initiate arbitration by serving on the other a written “Demand for Arbitration” by certified mail (no other form of service will be acceptable). The Demand for Arbitration must identify all parties, include contact information, describe the claims against each party, and state the amount of damages sought. Either party may continue the proceedings by contacting the American Arbitration Association (AAA). A single AAA arbitrator, mutually selected by the parties, will conduct the arbitration. Proceedings will be resolved using AAA rules. **The laws of the state in which services are rendered will apply.** If any provision of this agreement is held invalid or unenforceable, the remaining provisions remain in full force and effect.

Acknowledgment & Signature

I have read, understand, and agree to the policies outlined above. I acknowledge that I have had the opportunity to ask questions.