

Dr. Dunya Antwan, D.D.S.  
520 W VISTA WAY | VISTA CA, 92083 | (760) 945-9777

**Written Financial Policy**

Thank you for choosing Dr. Antwan's Dental office. 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 payment options.

**Payment Options:**

We accept:

- ❖ Cash, Checks, Visa, MasterCard, American Express, or Discover Card

We offer a courtesy adjustment to patients who pay for their treatment with Cash, Credit Card or Check prior to completion of care for treatment plans of \$1000 or more.

- ❖ Convenient Monthly Payment Options<sup>1</sup> from Care Credit, Healthcare Credit Card
  - Allow you to pay over time
  - No annual fees or pre-payment penalties

**Please note:**

Dr. Antwan requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For plans requiring more than 3 appointments, alternative payment arrangements may be provided.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.<sup>2</sup>

**Cancellation and Reschedule Appointment:**

Your appointments and well-being are very important to us. We understand that sometimes, unexpected delays can occur, making schedule adjustments. If you need to cancel your appointment, we respectfully request at least a 24 hour notice.

- Any cancellation or reschedule made less than 24 hours will result in a cancellation fee of **\$50.00** dollars. If you are more than 15 minutes late for your service, we may not be able to accommodate you. In this case, the same cancellation fee will apply. We will do our very best to reschedule your service for another time that is convenient to you.

**Transfer of Records:** If you wish to have copies of your records sent to another doctor or organization. The fee to obtain your dental records is **\$25.00**. Your request will be processed within 5 business days from the time we receive your request. Upon transfer of records, you authorize us to include all relevant information including your payment history.

If you have any questions or concerns please let us know, we are here to help you.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

<sup>1</sup>Subject to credit approval

<sup>2</sup>However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment rendered that has not been covered by your Dental Insurance.