

Allure Dental, LLC 171 Elden Street, Suite 2C3 Phone: 703-956-6168 Fax: 703-964-9899 www.alluredentalservices.com

Financial Policy

Insurance policies generally cover only a portion of the total treatment cost. Please remember that your dental insurance policy is an agreement between you and your insurance company, not between your insurance company and our office. We make no guarantee of any estimated coverage, but we will do our best to ensure that you receive your maximum benefits. Please keep in mind that you are responsible for your total obligation of fees for treatment provided should your insurance benefits result in less coverage than anticipated. If you would like to know what your expected coverage will be, we can submit a pre-authorization estimate to your insurance company. Your insurer will usually respond and send a detailed explanation of benefits within 4-6 weeks. Unless other arrangements have been made, we ask that you pay your portion of the bill at the time of treatment. It is your responsibility to pay any balance not paid by your insurance company. For your convenience, we accept payments made with cash, debit cards, Visa and MasterCard.

ALL PAYMENT (DEDUCTIBLES, CO-PAYS, AND CO-INSURANCE'S) ARE DUE IN FULL AT THE TIME OF SERVICE.

NAME (Please Print)_____

SIGNATURE _____

DATE_____