

Written Financial Policy

Thank you for choosing Alexander Galvan DMD PC. 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: You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover Card

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to start of treatment plans of \$500 or more.

- Convenient Monthly Payment Plans¹ from CareCredit
 - o Allow you to pay over time
 - o No annual fees or pre-payment penalties

Please note:

Alexander Galvan DMD PC requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

We accept payment in thirds. For plans requiring multiple appointments, alternative payment arrangements may be provided. We also offer in-house financing.

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.²

A fee of \$50 is charged for patients who miss or cancel more than 3 times in a calendar year without 24-hour notice.

Alexander Galvan DMD PC charges \$25 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Subject to credit approval

²However, if we do not receive payment from your insurance carrier within 120 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

Photography Release

I _____, hereby authorize

Dr. Alexander A. Galvan to take photographs, slides, and/or videos of my face, jaws, and teeth.

I understand that the photographs, slides, and/or videos will be used as a record of my care, and may be used for educational purposes in lectures, demonstrations, advertising (including but not limited to website publication, newspapers, magazines, phone books, television), and professional publications (dental magazines and journals).

I further understand that if the photographs, slides, and/or videos are used in any publication or as a part of a demonstration, my name or other identifying information will be kept confidential. I do not expect compensation, financial or otherwise, for the use of these photographs.

Signature

_____ Check here if you do not consent.

ALEXANDER A. GALVAN, DMD APC
General, Cosmetic & Implant Dentistry
750 N. Archibald Ave., Suite N, Ontario CA 91764 (909) 481-2233

Patient Smile Evaluation Form

Name: _____ Date: _____

To aid in our diagnosis and treatment of your esthetic concerns, please take a moment and answer the following questions. Please circle your answer.

- | | | |
|---|-----|----|
| Do you dislike the color of your teeth? | Yes | No |
| Do you have spaces between your teeth that bother you? | Yes | No |
| Do you have chips or uneven edges on your teeth? | Yes | No |
| Do you feel that your teeth are too long or too short? | Yes | No |
| Do you have dark fillings that show when you smile? | Yes | No |
| Do your gums show too much when you smile? | Yes | No |
| Are your teeth crowded or crooked? | Yes | No |
| Has anyone (family member, friend, etc.) ever suggested that you should have something done with your teeth or smile? | Yes | No |
| Do you avoid smiling when you when you have your picture taken? | Yes | No |
| Would you like to improve your existing smile? | Yes | No |
| Do you wish you had a "new smile"? | Yes | No |

Place a checkmark next to which of the following are concerns you have regarding dental treatment to improve your smile:

- Fear of treatment
- Time of treatment concerns
- Financial concerns
- Distance to office
- Not understanding treatment
- Embarrassment
- Other