

**Scott L. Rice D.D.S.**  
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## **Financial Menu**

We consider our relationship with you to be of primary importance and will always make our recommendations based on what we believe is the very best treatment for you regardless of your insurance coverage or financial arrangements. For your comfort and convenience, we offer a wide range of financial options, and welcome your suggestions and questions.

### **Pre-Payment in Full**

A pre-payment Bookkeeping Courtesy of 5% will be given for direct payment in full by *cash, check or credit card*, prior to treatment.

### **Pre-Authorized Credit Card Agreement**

With your permission and signature, we will charge your MasterCard or VISA with an agreed payment amount each month. This allows you to make monthly payments without applying for additional credit.

### **Three Payments (for fees over \$1000.00)**

Total patient obligation may be divided as follows: 50% due at the first treatment visit, with the remaining balance split into two equal payments, due 30 and 60 days after first treatment visit.

### **CareCredit**

Interest free payment plans with low payments up to 12 months. With good credit we can get fast approval by phone.

### **Dental Fee Plan**

With fast approval over the phone from Dental Fee Plan, your payment can be much lower than those available through our office. DFP carries fixed rates between 9.9% and 11.9% and can extend term out to 60 months. There is no prepayment penalty. We will assist you in contacting them from our office.

### **Pay as You Go**

You may choose to pay your obligation for each visit with Cash, Check or Credit Card, *at the visit*.

### **Gradual Treatment Plan**

*FOR THOSE PATIENTS ON A LIMITED BUDGET.* By prioritizing treatment, those patients who do not have dental insurance or on a tight budget can still complete their dental work by spreading appointments over several months or years.

## **Insurance**

It is our pleasure to assist you in maximizing your insurance benefit by completing your claim forms. If your carrier is up to date (in over 70% of the cases), the claims will be transmitted via computer modem before the end of the treatment day! As a courtesy, in addition to filing the claim, if you prefer we will initially ask you *only for your estimated co-payment*. Please understand that this is *only an estimate*, and is based upon the information available to us. Once your carrier has paid the claim, any difference will be due upon receipt of our statement

If your insurance company postpones payment for more than 90 days, we ask that you make the remaining payment while we work together to get the insurance company to pay you their obligation. After the 60-day grace period, the remaining balance is subject to 18% APR.

**The range of benefits depends solely on what your employer wishes to purchase.** Some plans cover as little as 30% or as much as 100% of dental services, with most falling in the 40% to 80% range. Many plans base the amount of benefit on a schedule of fees arbitrarily developed by insurance companies. For this reason, you may receive a lower percentage than the reimbursement level indicated in your dental plan. For example, if your plan states that it will pay 80% of the cost of a specific treatment, it means 80% of the fee arbitrarily determined by the insurance company and not the actual fee charged by our office.

**The financial obligation for the dental treatment is between you and our office.**