

SCOTT A. PAUL, D.D.S.
Practice Limited to Periodontics/Implants

“Committed to Caring and Excellence”

2023 West Vista Way, Suite L
Vista, California 92083
(760) 630-8727 fax (760)631-1232

We are committed to providing you with the best possible care. If at any time you have questions regarding proposed treatment options, fees, or insurance, please ask us. We are here to help.

Payment is due at the time services are rendered. We accept cash, checks, MasterCard, Visa, Discover and American Express. We will handle the submission of your insurance claims for you; however, **YOUR ESTIMATED CO-PAYMENT IS DUE AT THE TIME OF TREATMENT.**

We emphasize that as dental care providers, our relationship is with you, not your insurance carrier. **WHILE THE FILING OF INSURANCE CLAIMS IS A COURTESY THAT WE EXTEND TO OUR PATIENTS, ALL CHARGES ARE THE PATIENT’S RESPONSIBILITY. WE ARE NOT ABLE TO GUARANTEE YOUR INSURANCE COVERAGE OR THE AMOUNT THEY WILL PAY.** If you would like your dental work preauthorized, please let us know. A response from most insurance companies takes 4-6 weeks.

Appointment times are reserved exclusively for you. Kindly give 24 hours notice if you are unable to keep your reserved time. A fee of \$50 may apply for appointments that are broken or not given 24 hours notice.

Balances over 90 days are subject to interest charges of 1.5% per month or 18% per annum. Delinquency accounts may be subject to collections costs.

Patient’s name _____ Date _____

I understand and agree that (regardless of insurance status) I am ultimately responsible for the balance on my account for any professional services rendered.

Signature _____