

Alaska Premier Dental Group, LLC, Brian Kruchoski DDS, Joseph Baggette DMD, Clark Bassham DDS ó Owners Financial-Insurance Policy

Welcome to our practice, we look forward to taking care of you way beyond your smile! In order to make your experience enjoyable as well as give you peace of mind, we have a number of financial options available to you. The patient, parent and/or guardian are responsible for any balance due on the **date of service** and for any additional fees incurred should your account become delinquent.

At Alaska Premier Dental Group, we take pride in the ability to provide our patients financial options to support completion of treatment.

- -Cash
- -Check
- -Major Credit Card (AMEX, MC, VISA, DISCOVER)
- -Extended 3<sup>rd</sup> Part Financing- Care Credit
- -5% Pre-Payment Courtesy -cash, check or debit transactions paid in full at the time of scheduling

## In the event you have insurance savings you would like to take advantage of:

Dental insurance is a contract between you and your insurance company. Please carefully review you benefits plan and contact your insurance carrier so you are aware of benefits, frequencies and limitations.

Please provide us with a copy of your insurance card(s) so we may have all the information necessary to help you take advantage of you insurance savings.

Alaska Premier Dental Group files your insurance claim(s) as a courtesy to you. Any balance beyond the day of service is your responsibility. Not all secondary policies will cover remaining balances.

You are responsible for reviewing Explanation of Benefits from your insurance companies.

By signing this form, I acknowledge I have read and understand aforementioned guidelines and commit to pay any and all balances on my account.

Signature:	Date:	
For Office Use Only		
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