

**Maria Roybal, D.D.S.**  
**8950 Villa La Jolla Drive**  
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**La Jolla, CA 92037**  
**858.457.1190**

Dental treatment is an excellent investment in an individual's medical and psychological well being. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that different people have different needs in fulfilling their financial obligations, we are providing the following payment options.

**Payment in Full**

- At the time of treatment, we request payment in full for all services rendered.
- As a courtesy, we will provide you with an insurance claim which you will mail into your insurance company, whom will reimburse you in a timely manner.

**Flexible Monthly Payment Option (Care Credit/Capital One)**

- No initial payment
- Payment plans up to 60 months with monthly payments, which include a low fixed rate
- Additional payment plans are available
- Prepayments can be made at any time without penalty

**A Note Regarding Your Insurance:**

Insurance is a contract between you and your insurance company; we are not a party to this contract. We are happy to accommodate you in any way possible, but it is ultimately your responsibility to monitor your benefits and annual maximum. It is your insurance company that makes the final determination of your eligibility. If you have any questions regarding your coverage, please contact your Human Resources Department or your insurance carrier.

**Missed Appointments:**

When we make appointments, we take special care to ensure that your schedule is accommodated, and we reserve your appointment time especially for you. If you need to reschedule your appointment, we understand, and kindly request you give us 48 hours notice prior to your appointment. If you need to reschedule your appointment within 48 hours of your scheduled appointment time, you will incur a missed appointment fee of \$50 for your recare appointment and 30% of your total restorative appointment fee with the doctor.

**Transferring of Records:**

If for any reason, you need to see another dentist in the future, we will be happy to transfer your records and copies of your radiographs, for a reasonable copying fee, which is currently \$25.

Please provide us with a credit card to transfer any unpaid balances, including missed appointment fees.

**Name on card:** \_\_\_\_\_

**Visa/MC/Amex Account Number:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_