Bella Dente Fine Dentistry

13650 West Colonial Suite 120-A
Winter Garden Florida 34787
Tel: (407) 905-5698 Fax: (407) 905-0513

Welcome To Our Office!

Dr. Dalila Harris will evaluate your overall dental needs today. After this examination, we will formulate and review a treatment plan which she feels best addresses your dental needs. Your input is crucial. Please be certain to describe any immediate concerns you may have so that the Doctor and staff may help you with them.

You will be provided with a pre-treatment estimate of the fees associated with your treatment. Although staff will assist you in filing your insurance benefits, please be aware that you are ultimately responsible for the payment of all fees, regardless of insurance coverage, as well as any collection costs this office incurs if that becomes necessary.

Our Warranty

All our veneers, crowns, bridges and dentures are fully warranted for five (5) years as long as we see you periodically, at least twice (2x) per year for your check-ups with an appropriate charge for that visit only. If you miss your annual check-up, then this warranty is null and void.

Payment for your Dental Treatment:

I. We accept cash, check, credit card and CareCredit.
II. Monthly payments for up to five years can be arranged for you at a very reasonable interest rate through CareCredit Financing Company. It allows up to five years to pay if you need to. There is no pre-payment penalty if you pay off the remaining balance prior to five years.
III. Also CareCredit offer 6-month interest free for treatments from $1,000.00 and 1 year interest free for treatments from $2,500.00 at your convenience.

Insurance Assignment and Verified Copayments:

Assuming we can verify your dental coverage and get a verified co-payment from your dental insurer, you may make the verified co-payment and assign your insurance benefits to our office. **Please remember that the insurance benefit is based on what your carrier told us, however the entire amount is still your responsibility in the event that your insurance carrier defaults payment.** If after 60 days a balance due remains, we will need you to take care of that either by check or credit card. Any insurance payments above the estimated portion will be refunded to you.

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About Your Insurance Benefits

Dental Benefit Plans are subsidies arranged by your employer to defray some of the costs of your dental care. The amount of that subsidy depends on what type of plan was purchased and how much your employer paid for that plan. Good plans will cover most services and base their reimbursement on your actual fee. Lesser plans will not cover some services even if they are medically necessary, or will pay a fee based on a discounted amount of your actual fee. Furthermore, most plans limit their annual benefit to a rather small amount.

We promise to always offer you state of the art Dentistry and the best preventative care possible regardless of your insurance coverage. Further, we will help you obtain your maximum benefit by verifying your coverage, electronically filing claims and following up with the carrier on your behalf for any claims that are not promptly paid. Our office will be happy to file claims to a secondary insurance carrier if you have any, its limitations and co-payments will be the patient's responsibility as mentioned above.

Cancellation Notice:

We feel your time is very valuable. Once you schedule an appointment and you find you are unable to keep this appointment we ask that you give us 48 hour notice for cancellation so that we may be of service to another patient. If this 48 hour notice is not received, a fee of $50.00 per hour allotted time will be charged for the broken appointment. It is our office policy that this fee becomes due and payable by you immediately and before any further treatment takes place. In this way we can provide the highest quality of dental care available.

Records:

We are required by law to keep a patient's original models, casts, photographs and dental x-rays on file in our office, just as you would, even if the patient switches to another dentist or dental practice. You are allowed to request a copy of your records and x-rays at your own expense for a nominal fee of $20.00 to cover the expense of duplication. The dentist is required to keep all originals by law.

I have read and understand the office policy;

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Signed by Patient/Guardian Date