

OFFICE FINANCIAL POLICY

Taking care of you and your family is our highest priority. We want our patients to be able to comfortably afford dental care. This is why, when it comes to talking about finances, our goal is provide you with clear information regarding our dental fees and your payment options. Fees are due at time of service.

FOR OUR PATIENTS WITH INSURANCE

After providing us with your insurance card, we will contact your insurance company to verify your eligibility. We will provide you with an *estimate* of the total fee expected. Your estimated portion is due in full the day of treatment. As a courtesy, we will file your insurance forms at no charge. After filing your insurance promptly, we agree to wait for 40 days for reimbursement. **If after 40 days we have not received payment from your insurance company, the balance becomes your responsibility.** We will contact you and allow you 15 days to settle your account.

When estimating insurance coverage, we stress the word *estimate* as dental benefits are determined by each patient's dental contract. Insurance is a contract between you and your insurance company. We are not a party to that contract. We will not become involved in disputes about charges, secondary insurance, usual and customary charges etc. other than to supply factual information as necessary. We will do all we can to assure you of your maximum benefits.

PAYMENT OPTIONS

We understand that it may be difficult to afford out-of-pocket care. For your convenience, we offer the following payment option:

- **Cash:**
- **Check** (upon approval*)
- **Visa, Master Card, American Express, Discover**
- **Monthly Payments** (Short-term and long-term financing through Care Credit or Chase Health Advance, a dental payment plan with no interest plans for up to 12 months*)

*These payment methods are pending approval by Telecheck and/or GE Capital.

CANCELLATION AND TARDY POLICY - 24-HOUR CANCELLATION POLICY

We recognize that unexpected things come up for all of us but, as a courtesy to our other patients and Dr. Roznik and his team, we require that you **cancel any appointment with a minimum of 24 hours notice**. Sufficient notice allows us to fill the open appointment time with another patient needing treatment. Leaving a message after hours on our voice mail does not allow us enough time to reschedule. **Once a spot is reserved, IT IS YOUR SPOT!**

Please note that we charge a \$30.00 late cancellation or *no show* fee.

In addition, **if you are going to be more than ten minutes late for your appointment we ask that you call our office to reschedule your visit.** We understand that people get delayed by circumstances beyond their control but one late patient can mean all subsequent patients scheduled that day are delayed.

Our goal is to be respectful of all our patients and their needs. We appreciate your cooperation with our policies.

Signature of Patient/Guardian

Date