

FINANCIAL POLICY

Our practice is dedicated to providing the best quality care for you. As a courtesy to our patients who have dental insurance, we participate in third party billing (our office staff will electronically file your insurance information to an insurance clearing house, who then submits your claims). However, whether you have insurance or not, by signing this policy you are agreeing to pay for all services that are received.

Payment options for your co-payment or if you have no insurance:

- A. You choose to pay by cash, check or MasterCard/Visa the day treatment is rendered.
- B. For larger procedures (including multiple visit procedures) you may remit 50% of your portion on the preparation date and the remainder at the finish date, unless another arrangement has been made with the business coordinator.
- C. We offer financing for larger (over \$300) balances through Dental Fee Plan as a third party. If you qualify for this plan and choose to use it, payments will be remitted to them. They have several options, including a six-months interest free plan. Standard options through DFP have interest rates that run from 9.99% to 12.99% depending on length of loan agreement. The interest-free plan has an accruing 19.9% interest rate that becomes active if the balance is not paid off within 6 months.

If you have a balance on your account, we will send you a monthly statement. The

balance on your statement is due within 30 days after issue of your statement. It is past due if not paid by the date stated on your statement

Finance Charge: A finance charge will be imposed on your account for each co-payment (or the balance if you are without insurance) that has not been paid in full within thirty (**30**) days of the time the item was added to your account. The **FINANCE CHARGE** will be computed at the rate of one and one half percent (**1.5%**) per month or an **ANNUAL PERCENTAGE RATE** of **eighteen (18%) percent**. The finance charge on your account is computed by applying the periodic rate (1.5%) to the overdue balance of your account. The overdue balance of your account is calculated by taking the balance owed thirty (30) days ago and then subtracting any payments or credits applied to the account during that time.

Credit History: You give us permission to check your credit and employment history and to answer any questions about your credit experience with us. We have the option to report your account status any credit reporting agency such as a credit bureau.

Discounts: Patients not covered by insurance are eligible for a 5% discount if the amount is paid in full at the time of visit by cash or check. There is no discount for credit card payments.

Patient's Name _____

Responsible Party (if not the patient) _____

Signature _____ **Date:** _____

Co-Signature _____ **Date:** _____

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Senior Citizen Discounts: Patients 65 or older receive a 10% discount.

Returned Checks There is a fee (currently \$25) for any checks returned by the bank.

Missed Appointment Fee: Patients who fail an appointment, either by being 20 or more minutes late (without phone notification of emergency) or cancel with less than 48 hours notice will be charged a fee. The charge is \$25 for a Maintenance/Prophylactic appointment, and 10% of the total fee for a Scaling/Root Planing appointment in hygiene or of the scheduled restoration with Dr. Attisano.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. Our collection agency is Lamont, Hanley and Associates. You understand if this account is reported to our collection agency, the fact you received treatment at our office may become a matter of public record.

Divorce: In the case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Transferring of Records: You will need to request in writing if you want to have copies of your records sent to another doctor or organization. You authorize us to include all relevant information, including your payment history. If you are requesting your records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information, including your payment history.

Co-signature: If this or another Financial Policy is signed by another person, that co-signature remains in effect until canceled in writing. If written cancellation is received, it becomes effective with any subsequent charges.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.