

OUR FINANCIAL POLICY

Thank you for choosing us as your family dentist. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our FINANCIAL POLICY which we require you to read and sign prior to any treatment.

All patients must complete our information and insurance form before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE.

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER AND CARECREDIT

REGARDING INSURANCE

The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company, we are not party to that contract. We cannot bill your insurance company unless you give us your insurance information. Your deductible and co-pay are due at time of service.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary. You are responsible for payment regardless of any insurance company's determination of usual and customary rates.

MISSED APPOINTMENTS

Unless canceled at **LEAST 24 HOURS** in advance, our policy is to **CHARGE** for missed appointments.

ALL BALANCES AFTER 90 DAYS (THIS INCLUDES BALANCES OUTSTANDING TO YOUR INSURANCE COMPANY) ARE SUBJECT TO 1 ½% FINANCE CHARGE EACH MONTH, AND WILL BE TURNED OVER TO A THIRD PARTY COLLECTION AGENCY. ONCE AN ACCOUNT HAS BEEN TURNED OVER TO THE COLLECTION AGENCY, 30% WILL BE ADDED ON TO THE BALANCE TO HELP DEFRAY THE COST OF THE COLLECTION PROCESS. ONCE AN ACCOUNT IS TURNED OVER, THE PATIENT WILL BE DISMISSED FROM OUR CARE.

I have read the above information and I understand that I am financially responsible for charges incurred, including for finance charges, for services rendered by Nicholas L. Marino, DDS.

PATIENT OR RESPONSIBLE PARTY SIGNATURE

DATE