

## **Jack F. Altomonte, DMD, PA Financial Policy**

We welcome you and thank you for choosing our office as your dental health care provider. We are committed to the success of your treatment. Part of the commitment is your understanding and responsibility for the payment of your account balance.

Our basic financial policy is the following:

### **FULL PAYMENT IS DUE AT THE TIME OF SERVICE**

WE ACCEPT CASH, CHECK, DEBIT CARDS, VISA & MASTERCARD. If you have difficulty or unusual circumstances with financial concerns, they must be discussed and approved by the office manager prior to treatment. Please note, any returned check will carry a \$35.00 fee to your balance.

We offer Carecredit, an interest free line of credit, you can apply through the office or at home online. Also for patients with no insurance we offer 10% when you pay in full.

### **ADULT PATIENTS**

Adult patients are responsible for full payment at the time of service unless specific arrangements are made prior to the start of treatment. Any special arrangements must be discussed and agreed by the office manager prior to treatment.

### **MINOR PATIENTS**

The adult accompanying a minor and the parents/guardians are responsible for full payment at time of service.

### **REGARDING INSURANCE**

It is our pleasure to assist you in maximizing your insurance benefits by completing your claim forms. As a courtesy, in addition to filing your claims, we will initially ask you only for your estimated co-payment. Patients must understand that our treatment plans are only an estimate and insurance companies are not always predictable and don't always provide us with total information. The financial obligation for dental treatment is between you and our office. Your insurance is a contract between you, your employer and the insurance company. We are not a part of that contract. We will assist you in any way that we can by filing your claims and working to obtain your maximum available benefits. However, it is your obligation to familiarize yourself with your insurance coverage as benefits vary and not all services are covered in all contracts.

If your insurance claims is unresolved and goes past 45 days it will be your obligation to pay your account in full.

Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. Any insurance bill not settled within 45 days will be due in full and your responsibility to pay.

Please be aware that some and perhaps all of the services provided may be non-covered services. You are responsible for the entire balance no matter what the outcome is with your insurance provider.

**USUAL AND CUSTOMARY RATES**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for the quality of the treatment that is rendered. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. We will do all that is reasonable and proper to have you receive the maximum insurance benefits you are entitled too.

**PATIENT RESPONSIBLTY AND ADDITIONAL TERMS**

Accounts unpaid after 60 days from day of service are subject to a delinquent fee of \$30.00. Furthermore the unpaid balance is subject to a 1 ½% monthly (18% Annual) finance charge. If we have to submit your unpaid account to a collections process you will be responsible for all charges our practice incurs; including court costs and reasonable attorney's fees.

X \_\_\_\_\_  
Signature of Patient or Parent of Minor Patient

Date\_\_\_\_\_

X \_\_\_\_\_  
Signature of Co-Responsible Party

Date\_\_\_\_\_