

# Avella Family & Cosmetic Dentistry

Peter E. Harris, D.M.D., P.C.

## Financial Policy

- Payment is due at the time services are rendered unless prior financial arrangements have been made. You may pay for services with cash, check, Visa, MasterCard or American Express.
- Care Credit & Spring Stone are outside billing services that provides payment plans for treatment. Our financial coordinator can give you information on these services and how you may apply. Most applications can be processed in the office while you wait.
- The procedures and amount that your insurance policy covers or does not cover is a contract negotiated between the insurance company and your employer. Once your insurance has been verified, we will be happy to file the forms as a courtesy to you.
- You are required to pay your deductible and/or estimated co-payments at the time that services are rendered. Any treatment not covered by your insurance plan is your responsibility. Your account is your responsibility whether your insurance pays or does not pay.
- We will accept assignment of your insurance for a period of sixty (60) days. If we feel that the insurance company is delaying payment without cause, we will require payment in full from the insured (i.e. the patient) and the insured will be reimbursed when the insurance company pays the benefits. It is also advised that the patient keep informed and read any information mailed to you from the insurance company prior to or following treatment. Your involvement in this process is always helpful.
- A charge of \$30.00 will be placed on your account for all returned checks.
- We request that you give us a 24 business hour notice for any change to an appointment. A notice less than this could result in a non-refundable rescheduling fee of \$35.00 to be placed on your account before the appointment may be rescheduled.
- Our office does not place mercury containing amalgam fillings. Some insurance companies will only cover amalgam fillings on back teeth. Should there be a difference in cost you are responsible for the fees. If you have any additional questions about your policy please ask prior to treatment.
- We accept all PPO policies but are only contracted with MetLife, Cigna Radius, Delta Dental, Humana, Ameritas & Guardian.
- How did you hear about our practice? \_\_\_\_\_

***I certify that I have read and understand the above policies and any questions have been answered. I will notify the office immediately if my insurance coverage changes or is terminated.***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*