

JOSEPH J. DELMONICO, D.D.S.

About Financial Arrangements and Dental Insurance

We are committed to providing you with the best possible care. If you have dental or medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for service is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, and credit cards. As a courtesy, we will be happy to process your insurance claim form for your reimbursement. In **special** instances we may accept assignment of insurance benefits.

Returned checks and balances older than 30 days will be charged additional collection fees and interest charges of 2% per month. Charges will be made for missed appointments and appointments cancelled without 24 hours advance notice.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore, are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of "U.C.R.". "U.C.R." is defined as Usual, Customary and Reasonable fees for this region. Thus, our fees are considered usual, customary and reasonable by most companies.

This statement does not apply to companies who reimburse based on an "arbitrary schedule" of fees, which bears no relationship to the current standard and cost of care in this area.

3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance don't hesitate to ask us. We are here to help you.

Authorization and Release

I authorize the dentist to perform diagnostic procedures and treatment as may be necessary for proper dental care.

I authorize release of any information concerning my (or my child's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.

I authorize release of any information concerning my (or my child's) health care, advice and treatment to another dentist.

I hereby authorize payment of insurance benefits directly to the dentist or dental group, otherwise payable to me.

I WILL BE PAYING BY: **CASH** _____ **CHECK** _____ **CREDIT CARD** _____ (2.5% fee, no fee for Debit)

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered, I have read all the information and have completed the information forms. I certify all information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or the above information.

Signature

Date