



1260 EASTON ROAD
ABINGTON, PA 19001

FINANCIAL POLICY

Thank you for choosing us as your dental health provider. We are committed to providing you with the highest quality of care, using the latest concepts and techniques in a clean and safe environment. The following is a statement of our Financial Policy, which we require that you read, agree to and sign prior to any treatment.

*** FULL PAYMENT IS DUE AT THE TIME OF SERVICES. INSURANCE CO-PAYMENTS AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICES FOR PATIENTS WITH INSURANCE.

*** WE ACCEPT CASH, CHECKS, AMERICAN EXPRESS, VISA, MASTERCARD AND DISCOVER.

*** WE OFFER 3rd PARTY EXTENDED PAYMENT PLANS WITH PRIOR CREDIT APPROVAL.

INSURANCE BENEFITS

Those with dental insurance please remember that, your insurance is a contract between you, your employer and the insurance company. You are responsible for payment regardless of any arbitrary determination by your insurance company of what is usual and customary. If insurance payment is not received within 45 days then the entire amount becomes due and payable by you immediately. *A pre-determination is NOT a guarantee of payment.*

MINOR PATIENTS

The adult who accompanies a minor (and the minor's parents or guardians) are responsible for full payment at the time of service.

MISSED APPOINTMENTS

An appointment is a confirmation that time has been reserved for your treatment. A cancellation charge of \$100.00 (per half-hour of scheduled time) is assessed for each "No Show" or appointment cancelled without 24 hours' notice.

COLLECTION COSTS

Checks returned from your bank unpaid are subject to a \$ 35.00 processing charge. If your account is referred for collection (after 120 days of non-payment) you will be responsible for collection costs in the amount of 35% of the outstanding balance, all certified mail costs, court costs and reasonable attorney's fee.

I have read this policy and agree to all contained in it.

Patient (or person responsible for account) _____ Date _____

Additional family members included: _____

My signature indicates I understand this document will be scanned and that a printout will be considered the original document. _____ initial
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