



# STATE OF THE ART DENTAL GROUP

DAVID A. PINSKY, D.D.S. & ASSOCIATES

Welcome to our office. We appreciate your decision in choosing us to provide you with the necessary quality dentistry that you deserve. Our practice is proud of the dentistry we provide for you and your family. Our goal is to not just correct any dental problems you may have, but also to show you how to prevent dental disease in the future to save you time and unnecessary expenses. We will provide you with top quality dental care in a pleasant surrounding and as efficiently as possible.

## **POLICY STATEMENTS**

All copays are due at the time of service. We accept cash, personal checks, money orders, and all major credit cards. We know that our patients appreciate knowing exactly what financial responsibility they will incur. Therefore, we inform our patients about our financial policy before we begin the treatment. Our policy is to request payment at the time of your treatment. There will be a \$35.00 charge assessed on all returned checks. Initial \_\_\_\_\_

Upon receiving the explanation of benefits provided by your insurance company, we will generate a computerized statement and forward the statement to the address of the responsible party. All balances must be paid in full within fifteen (15) business days of receiving the billing statement. If the balance seems overwhelming, you may contact our office to discuss arranging a payment plan. We will generate two (2) billing statements before the account will be considered delinquent. Initial \_\_\_\_\_

In the event that your account becomes delinquent, it will be forwarded to a collection agency. Our collection agency will report the delinquent account to Equifax, which may affect our credit rating. All accounts forwarded to our collection agency will be subject to an additional charge of \$50.00 or 30% of the balance due, whichever is higher. I understand that all accounts with a balance of over 60 days will be assessed a 1.5% interest charge. Initial \_\_\_\_\_

Most Insurance companies will not cover 100% of all dental expenses. Your portion not covered by your insurance company is due at the time treatment is rendered. Please understand that your dental insurance is a contract between the patient and the insurance carrier and not between the dentist and the insurance carrier. The patient is still the responsible party regarding dental fees. We will be glad to file an insurance claim for you. Please understand that the information given to us by your insurance regarding your benefit is an estimate only, final benefit will be determined after the claim's been received and processed by your insurance. Initial \_\_\_\_\_

Our office does require 24 hour notice for cancellations or there is a \$50 fee for the missed appointment. For evening (after 5 p.m. and Monday appointments,) we require a 48-hour notice. Appointment delays unfortunately do occur occasionally. We realize that your time is valuable and we schedule appointments accordingly. Delays happen due to a dental emergency one of our patients is having. We ask for your understanding if this should occur. We always provide this emergency service to all our patients. Initial \_\_\_\_\_

We work with Capital One and Care Credit to finance your dental treatment, upon approval. This will allow you to complete your treatment without delay and make a relatively small monthly payment to. Applications are available upon request.

By initialing the above and signing below, I acknowledge that I have read and agree to accept the terms of the policy statements listed.

Patient Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature

Date