

FINANCIAL POLICY

AVI SCHETRITT, D.M.D. • NICHOLAS DETURE, D.M.D

This statement is to inform you of our financial policy. Financial arrangements are both necessary and beneficial to maintaining a sound professional relationship. We wish to inform you of our office policy in this regard.

We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining your optimum oral health. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your periodontist, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a part of that contract. What is called dental insurance is more appropriately called a payment assistance program. It is an economic negotiation between an employer and an insurance company and usually does not cover all charges. Our fees are based on the treatment necessary and are not related to any payment assistance reimbursement schedule. If insurance payment is not received within 90 days of date of service, you will be responsible for payment in full. We are committed to help you to receive your maximum payment assistance.

Insurance predeterminations are not a guarantee that the insurance company will pay the determined amount, they may still decline services. You should keep any predeterminations received just in case your insurer changes their mind and denies the claim. This will allow you to contact the insurance company to try and dispute their decision.

As a courtesy to you we will help you process all your insurance claims. In order for our office to file your insurance claim, you must bring your identification (license) and proof of insurance at each appointment.

Payment is due at the time service is provided. Our office accepts cash, personal checks, Care Credit(minimum requirement) MasterCard, Visa, American Express and Discover. We offer payment plans; in house or through third party financing. If you would like more information regarding this, please check with our financial coordinator.

Returned checks will have a NSF fee of 35.00 and balances older than 60 days may be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually).

If you have any questions regarding our financial policy, please ask. We are committed to providing you with the most positive experience here at Absolute Periodontics.

Print Name

Signature

Date