

Financial Policy

Welcome to the Pierpan Family Dental office. We are committed to providing you with the best possible care. Our office hours are Monday-Friday 8 am .to 5 p.m. Patients are seen by appointment only. We request that all appointments be confirmed no later than 5 p.m. the day before your appointment. It is very important that you confirm your appointment by calling during business hours. We schedule our work and emergencies by use of the confirmation list. Payment is expected at time of service. If you have insurance, we will accept assignment with most insurance companies. This means we will gladly file your claim with your insurance company after verification of coverage. You will be expected to pay your portion of services at the time of visit, including, but not limited to, co-payments, percentages, and deductibles. We accept cash, checks, Mastercard, and Visa. If you are unable to render payment at the time of service, then we will gladly reschedule your appointment. We will estimate as closely as possible your coverage, but until we actually receive payment from the insurance company, it is just an estimate. We will assist you in dealing with your insurance company, but the ultimate responsibility lies with you. We do not file secondary insurance. After 45 days, the balance will be due in full from you. If we cannot verify coverage, you will be expected to pay for the visit in full. If more than one family member is a patient, then they will be grouped under one account. If you wish to have a separate account from other family members, please notify the front desk upon signing this form. Family members can only be on separate accounts if they have separate insurance policies. A service charge of 1 ½% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial agreements are satisfied. At any time during treatment, we may contact the credit bureau with information regarding your account. Returned checks will be charged \$30.00. We will not attempt to redeposit more than once. Missed appointments, cancellations, or reschedules with less than 48 hr. notice are subject to a \$50.00 charge. I have read the above policy, understand my responsibilities, and agree to these terms.

Signed _____ Date _____