

Financial Policy

Thank you for choosing **Marie A. Albano, D.D.S., Inc.** as your dental health care provider. We are committed to providing you with the best possible care and we understand your interest in the cost of quality dental care. Our fees reflect the range of our services and the resources needed to complete them. Please ask if you have any questions about our fees, financial policy or your responsibility.

PATIENTS WITHOUT INSURANCE COVERAGE:

It is the policy of this practice that **payment in full be due on the date of service for new patients.** Established patients may request payment arrangements for services exceeding \$300.00.

PATIENTS WITH INSURANCE COVERAGE:

We are happy to assist you in filing the necessary claims to help you receive the full benefits of your coverage. The insurance relationship constitutes an agreement between the insurance company and your employer. As such, we can make no guarantee of estimated coverage or payment. We will not become involved in disputes between you and your insurance carrier regarding deductibles, co-payments, covered charges, secondary insurance or the usual and customary determination of fees. **THE ULTIMATE RESPONSIBILITY FOR THE AMOUNT DUE BELONGS TO THE PATIENT.**

CO-PAYMENTS & DEDUCTIBLES:

Even if your benefits have been verified in advance, it is not a guarantee of benefits to be paid. Therefore, after the claim is submitted and a response is received from your insurance company, additional payment may be still due from you.

If your insurance company hasn't paid your claim In full within 45 days, the balance due becomes your responsibility. To keep that from happening, we ask that you keep in contact with your insurance company regarding your claim. If payment is received from your insurance company after you have paid the balance in full causing an overpayment, you may receive a refund or elect to have it applied to future services.

If you have dental benefits, but do not come prepared with your information, please contact us within **72** hours with this information. Non-compliance will result in a statement being sent for services rendered.

PAYMENT OPTIONS:

CASH, CHECK, DEBIT CARD, MASTERCARD, VISA AND DISCOVER CARD

****No INTEREST PAYMENT PLANS on the CITI HEALTH CARD (subject to approval)**

Ask the front desk coordinator for an application.

A **1 ½ %** finance charge will be charged to balances after **90** days. Should **COLLECTIONS** become necessary, an additional **25%** collection fee will be assessed to your balance.

I have read and understand the financial policy of **MARIE A. ALBANO D.D.S., INC.**
I authorize my insurance company to make payment directly to the doctor.

Please PRINT Patient Name

Signature of Patient/Responsible Party

Date