

FINANCIAL OPTIONS & PAYMENT ARRANGMENTS

Providing quality Dental Care to you and your family is our highest priority. That is why, when it comes to talking about finances, our goal is to provide you with **clear** information regarding our dental fees and your payment options. At the onset of treatment, we will provide you with an **estimate** of the total fees expected. Please understand that this will **only** be an **estimate**. Treatment needs can change for a variety of unforeseen reasons. Whenever possible, we will inform you of any treatment changes that will affect your financial estimate.

Our office understands the value of insurance benefits and as a **courtesy** to our patient's, will file all insurance claims. We will gladly work with you to help you receive the maximum benefit available to you. We will **estimate** the portion not covered by your plan and that amount will be due at the time of treatment. However, when estimating insurance coverage, we must always stress the word **estimate**, as dental benefits are determined by each patient's dental contract. Every patient's dental plan is different, and **necessary dental services are not necessarily covered**. Most dental plans are designed to **assist** patients with their dental expenses. Very few dental plans fully cover all dental services. A pre-estimate can be submitted to the insurance to find out if a procedure is covered and what they will pay. All estimates are subjected to final approval by your insurance company and could therefore change the amount due to our office. If your dental plan pays more than expected, a credit will remain on your account for upcoming treatment or you will receive a refund. If your dental plan pays less than expected, your balance will be reflected on your statement. (Statements will be mailed only if there is a difference in estimated insurance and what insurance pays! Also, we do not mail statement on balances under \$10. It will be collected at the next appointment.) If your dental plan later determines that you were not eligible for coverage on the date of service, that balance becomes your responsibility.

Office Policy: Payment Is Due When Services Are Rendered, Unless Prior Arrangements Have Been Made!

We have expanded our payment options to continue to provide you with flexible payment arrangements. **Payment options:**

_____ Cash / Check

_____ Visa / MasterCard / Discover

_____ CareCredit (6 or 12 month Interest Free - Upon Approval)

I understand that Payment is Due When Service Are Rendered, Unless Prior Arrangements Have Been Made! I understand that I am fully responsible for payment of services rendered and any payment/deductible that my insurance does not cover. I hereby authorize payment directly to Kevin J. DiLeo DDS / Evie Green-DiLeo DDS of the group insurance benefits otherwise payable to me.

Signature

Date

Witness Signature

Date