

James Jenista D.D.S.,P.C.
Cosmetic and General Dentistry

FINANCIAL POLICY

NON – INSURANCE PATIENTS: Payment is due at time of treatment unless previously arranged with the Front Office Financial Coordinator. We accept cash, check, Debit Card, Visa, Mastercard, Discover, or American Express. Your total balance will have a 1.5% per month finance fee (18% per year) charged on any unpaid balances 60 days from original treatment.

INSURANCE PATIENTS: Insurance companies **do not** guarantee payment, so our office **can not** guarantee the patient what insurance will pay. For those patients covered by insurance, our office will file insurance claims. As a courtesy to our patients, we will accept assignment of benefits. This means that you must sign the portion of your insurance claim that “assigns” payment to our office. **MOST DENTAL INSURANCE PLANS DO NOT COVER 100% OF THE COST OF YOUR TREATMENT.** Because of this and the extreme delay in receiving payment from the insurance company, you will be asked to pay your deductible and your portion of your charges the day the service is rendered. Insurance companies base their payment on their own usual and customary fees (UCR), not on the Doctor's fee. Therefore even though we collect your co-payment at the time of service, money may still be due if your insurance only paid their usual and customary fees. We will estimate as closely as possible your coverage. The estimate provided by this office is considered as a guideline until we actually receive the final payment from the insurance and the account has been reconciled. **IF YOUR INSURANCE DOES NOT PAY, YOU ARE RESPONSIBLE FOR THE FULL AMOUNT.** Dental Claims are submitted promptly after treatment is rendered, and if not paid by the patients insurance company by the 61st day after treatment, the patient will be billed in full. After 90 days from the original treatment date your account balance will have a 1.5% per month finance fee (18% per year) charged on the balance due.

BROKEN APPOINTMENTS – NO SHOW APPOINTMENTS: Your scheduled time with us is reserved just for you. Our office operates on a very high hourly overhead cost basis. We are concerned about the rising costs of healthcare and do not like to see it when they are inflated because of missed appointments. A **48 HOUR NOTICE** is required if you need to change an appointment. **A \$50.00 fee will be added to accounts that fail to give this notice.**

RETURNED CHECK POLICY: Our bank does not return checks to us that have insufficient funds, they are sent directly to National Credit Corp. Collection Agency. You will receive a statement from them for the amount due plus a \$25.00 service charge.

PAST DUE ACCOUNTS: I agree to pay all billing charges, finance charges, collection costs, attorney fees and any other cost that may be incurred to enforce collection of any amount outstanding.

Signature (parent or guardian if minor)

Date