

Financial Agreement

Please read entire form carefully, then sign and date the bottom.
The following defines the financial policies of this practice.

Payment is due at the time services are rendered

The front desk staff will estimate the amount you owe for procedures the doctor or hygienist has completed or those procedures which are in progress. Remember, this is only an estimate. The actual out-of-pocket expense may be less than or greater than the amount estimated and collected. You may be reimbursed or apply the excess to another date of service if we have collected too much.

Some insurance plans require the patient to pay only a percentage or co-payment directly to our office. Some plans require the patient to pay the entire amount due for that visit. Some plans will reimburse the covered amount only to the patient. We will work with your plan, and submit the form necessary to receive the reimbursement as a service to our patients.

Insurance Coverage

We accept many different insurance plans. All plans have a unique schedule of covered services depending on what plan you or your employer has purchased. There is no guarantee that services will be covered. You, or the person responsible for this account, will be responsible for payment of non-covered procedures. If you wish, we can send a pre-determination to your insurance carrier. The advantage of this is knowing approximately what your out-of-pocket expenses will be, but a disadvantage is that treatment is delayed. This in itself could complicate matters as problems may worsen.

Major Work

Patients receiving major work (crowns, bridges, dentures) or bleaching kits must have their portions completely paid off before the work can be delivered or cemented.

Cancellation Policy

Our time is as important as yours. We attempt to schedule as efficiently as possible to reduce waiting time. We require patients to cancel appointments the day before the appointment. A broken appointment fee is charged when the patient does not show up for an appointment, or cancels the same day of the appointment. The fee is:

\$30.00 for a 30 or 45 minute appointment

\$40.00 for an hour appointment

\$10.00 for each additional 15 minute increment

Leaving an understandable message on the answering machine is acceptable for canceling an appointment and is not subject to the cancellation charges if the appointment was scheduled after 11:00 am.

Finance Charges

Payment is expected at time of services rendered. Any outstanding balance which is overdue by more than 30 days will have a 14.5% APR finance charge or .0397% daily periodic rate added. A payment plan is available through Care Credit. A short application will need to be completed and approved before charges can be incurred. If you are interested, please ask any of the staff members for an application.

Returned Checks

There will be a returned check fee for any bounced check. This fee will vary depending on the bank's charges. This fee will be added to the outstanding balance and may incur finance charges if not paid within the 30 day grace period.

I understand to the financial policies of Marc N Rubinstein DDS LLC and agree to them.

Signature of Responsible Party

Date