

NEW HOPE DENTAL CARE OFFICE POLICIES

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We appreciate your allowing us to provide dental care for you and your family. Because we value our relationship with you and believe that the best relationships are those based on understanding, we offer these clarifications regarding our office policies.

- ❖ We accept CASH, DEBIT CARDS, and CREDIT CARDS (Visa, MasterCard, Discover, American Express, and Care Credit) as payment to your account. We will accept a personal check, but it will be ran electronically like a debit card.
- ❖ Unless prior financial arrangements have been made, please come prepared to pay at time of service. If you have insurance, we will file the claim as a **courtesy** on your behalf and let the insurance pay us. All co-payments and deductibles are **due at check-in**, before treatment is delivered; or in the case of extensive treatment, 24 hours before treatment. If the patient is not prepared to meet their financial obligations at the time of the visit, they must reschedule and a broken appointment fee may be charged. Although we make every effort to **estimate** your payment accurately and ensure we maximize your insurance benefits, **you are responsible to pay immediately any balance not paid by your insurance for any reason.**
- ❖ If you **or** your insurance company has not paid your account in full within 45 days, the balance will automatically be transferred to your credit / debit card. **We require a credit / debit card with authorization to bill that account for any balance left on your dental account over the 45 days.** Rest assured that every attempt will be made to contact you before this action is taken.
- ❖ If your account becomes 45 days overdue and we are unable to process the credit / debit card, the account will be sent directly to a collection agency and all fees associated with collection of the overdue account will be charged to the patient.
- ❖ A **24 hour** notice is required for all appointment cancellations or changes. **You must call back to confirm your appointment by the day before your appointment or we will assume the patient is not coming and give the appointment to someone else.** A fifty dollar (\$50.00) **per half hour** fee may be charged to the account of all patients who fail to give a 24 hour notice. Two or more appoints missed / broken with less than 24 hour notice is grounds for dismissal from the practice. Please help us serve you better by confirming and keeping your scheduled appointment. Thank you.

If you have any further questions about our office policies, please feel free to ask.
I have read, understand and agree to the above office policy.

Card type _____ Credit Card Number _____

Exp Date _____ Signature _____

Today's Date _____