

Financial Policy

Thank you for choosing us as your periodontist. We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please feel free to ask questions about our fees, financial policy or your responsibility.

The following is a financial policy which we require you to read and sign prior to any treatment.

1. All patients must complete our "Patient Information Form" before seeing the doctor.
2. Full payment is due at the time of service. Co-payment with authorized insurance.
3. We accept cash, checks, Visa, Mastercard, Discover and American Express.
4. We offer a payment plan with Care Credit.

Regarding Insurance

We do accept assignment of insurance benefits. To accept your insurance, you must obtain approval from our office staff prior to the date of service. The balance is your responsibility whether the insurance pays or not. If your insurance company has not paid the full balance within 45 days, you will have 15 days to pay the balance. **YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. WE ARE NOT A PARTY TO THAT CONTRACT.** Please be aware that some, perhaps all of the services provided may be non-covered services and not considered reasonable by your insurance policy.

Regarding Insurance Plans where we are a participating provider:

All co-payments and deductibles are due at the time of treatment. Please refer to the paragraph above in an event that your insurance coverage changes to a plan where we are not a participating provider.

Usual and Customary Fees:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary.

(OVER)

Hector Piñero, D.M.D.
Practice Limited to Periodontics

Non-sufficient Funds Checks:

There is a \$25 handling fee for non-sufficient funds (NSF) checks.

Missed Appointment:

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

Regarding Surgeries

We require that our patients:

1. Read and sign the informed surgery consent.
2. Upon authorization from your insurance co. you will be required to pay your co-payment portion the day of the surgery.
3. If you need to make financial arrangements, a payment schedule can be arranged before your surgery.

Thank you for understanding our financial policy. Please let us know if you have any questions.

I have read the financial policy and I understand and agree to this financial policy.

X _____ Date: _____
Signature of Patient or Responsible Party