

# Rossetti Dental Assoc PA Financial Policy

Emergency clients, new to our practice, should expect to make a payment at the time of service. Once established as an active patient, we will be happy to discuss other payment options.

You will be expected to pay for services rendered if this office is unable to verify your insurance information before treatment.

Any deductible or estimated co-payment amount will be due at the time of treatment.

If payment for services already rendered has not been paid in full within 90 days, either by you or your insurance company, the remaining balance for your treatment is considered due and must be paid by you. If the insurance company does not pay in full within 90 days, we may ask you to pay your balance due with cash, check or credit card.

Your insurance policy is an agreement between you and the insurance company; we ask that all patients be directly responsible for all charges. We are NOT a party to that contract. Our relationship is with you, not your insurance company. Your estimated co-payment will be due at the time of service. We are happy to submit the claims necessary to help you receive the full benefits of your coverage; however, we cannot guarantee any estimated coverage. Please know that we will do everything possible to see that you receive the full benefits of your policy by electronically filing your claim the day of your appointment. If there are any complications, we will assist you with any information you may need. We file insurance as a courtesy to our patients. We will ensure you get the maximum benefit from your insurance. In the event that the insurance doesn't pay as much as we expected or at all, you the patient are responsible for the total bill. Thank you for your understanding.

Payment for services is due at the time services are rendered unless prior arrangements have been made. Checks that are returned to our office from your financial institution are subject to a \$36.00 returned check fee. This fee covers the processing fees that are charged to our office. We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. Most often, financial misunderstandings can be managed with a phone call. Please feel free to contact our wonderful staff at any time to discuss any concerns you may have.

Our practice is dedicated to quality care and exceptional service. Our doctors and team spend extensive amounts of time preparing for your visit. Broken and missed appointments create scheduling problems for our team as well as other clients. If you find that you must change your appointment, we require a minimum of 48 hours' notice so that we may make every effort to accommodate other clients.

All charges are your responsibility, whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Please understand that our patients have hundreds of different policies and it is impossible to keep abreast of everyone's changes and coverage. We will do our best to assist you.

If your account is over 90 days past due, we will not schedule any appointments until the account is brought current. We will see you on an emergency basis only.

Fees quoted for services will be honored for 30 days but may change after that.

Parents or guardians that accompany minor children are responsible for the charges incurred that day.

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Signature of Patient (Parent or Legal Guardian if Patient is under 18)

Date