



Financial Policy

Thank you for choosing our office to provide your dental care. Please read this document carefully. If you have any questions regarding your financial responsibilities, please feel free to ask any office employee.

This is an agreement between you and Scott DiStefano, DDS. By signing this agreement, you are agreeing to pay for all services provided for you.

Dental Insurance: We will gladly file your dental insurance for you and allow your insurance company to pay us directly. We will make every effort to accurately **estimate** what your specific insurance policy will pay. **We ask that you be prepared to pay your portion of all charges at the time of service.** Please note that your insurance is a contract between you and your insurance company. We are not a party to this contract. Although we will estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and amount that they will pay. If your insurance has not paid after 60 days beyond your treatment date, we ask that you pay the total balance. We will always be available to assist you in collecting from your insurance company all that is due you under the terms of your policy.

Finance Charge: A finance charge will be added to any account carrying a total balance (including any unpaid insurance payments) over 60 days. The finance charge is 18% APR, or 1.50% per month.

Extensive Treatment: These services typically involve laboratory procedures (crowns, bridges, dentures, etc.) and multiple appointments. You may choose to pay 50% of fees during your first appointment, and 50% upon completion of your treatment. Payment plans are available for orthodontic treatment.

5% Discount: For any treatment where the patient's portion of fees are over \$500 you may be eligible to receive a bookkeeping discount by paying in full when your treatment is scheduled.

Treatment Financing: We offer special financing through CareCredit Patient Payment Plan. Depending on your balance, there will be no interest charges for 3, 6, 12, or 18 months. You can also choose to finance your treatment for 24, 36, 48, or 60 months (interest charges will apply). You can easily apply at our office or online.

Missed Appointment Fee: We request that you make every effort to provide us with at least 24 hours advance notice if you must cancel your appointment. You will be charged \$50.00 per scheduled hour for missed appointments if we do not receive 24 hours advance notice.

Patient's Name: _____

Responsible Party
(If not the patient): _____

Signature: _____ Date: _____