

# YAVNER DENTAL ASSOCIATES

101 Main Street  
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Medford MA 02155  
781-396-2179

## Financial Policy of Yavner Dental Associates

Thank you for choosing us as your dental provider. We are committed to giving you the best dental treatment we can. Please understand that payment of your bill is considered a part of your treatment. We have listed our office guidelines so as to give you an understanding of our financial policy. We ask that you read and sign this agreement prior to any treatment.

### Payments

- We accept cash, checks, Visa, Mastercard and Discover
- Full payment is due at the time of service
- Insurance deductibles and co-payments are due at the start of treatment

### Regarding Insurance

We may accept assignment of benefits in some cases, such as if we have a written insurance pre-treatment estimate prior to the treatment visit. We will verify your coverage and inform you of the estimated balance due. Please note that you are responsible for any expenses that your insurance does not cover.

By signing below you give us permission to bill your insurance company for any treatment rendered and to collect payment, from them, for those services.

We recommend that you contact your insurance carrier to expedite payment. Please understand that your insurance policy is a contract between you and your carrier. We are not a party to that contract, therefore, it is important for you to be involved to help assure timely payments on your account.

### Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients. We charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Our fees are based on the treatment selected, the time needed to provide you with the necessary dental care, and the overhead involved in our practice.

### Missed Appointments

A \$25 fee will be imposed for broken appointments or appointments canceled with less than 24 hour notice. We reserve the right to refuse further treatment to patients who miss two or more appointments without providing 24 hour notice. Please help us serve you better by keeping your scheduled appointments.

### Financial

Any expense incurred for returned checks, legal fees and collection agency fees will become your responsibility and will be added to your account balance.

We are here to serve your dental needs and make the entire process a pleasant experience. We encourage you to discuss any financial concerns that you may have so that we may assist you in the effective management of your account.

I have read, understand and agree to the financial policy described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date