

FINANCIAL AGREEMENT

In order to control costs, and to provide our patients with the best service possible, our practice has specific financial policies that we adhere to.

All dental plans are different and provide different types of coverage. Dr. Garino's treatment plans reflects what is, in his professional opinion, the best treatment plan for your individual needs. Dr. Garino's plan is not based on a patient's insurance benefits.

Payment is due at the time services are rendered. We accept the following forms of payment: cash, checks, Visa, Mastercard, Debit, and Care credit. We will be happy to process your insurance claim. You will be asked to pay your "estimated" portion on the day of treatment. Our computer estimates the amount due based upon the information given to us by the insurance companies. Your "estimated portion" is just that, an estimate. It is NOT a guarantee of payment from the insurance company on your behalf. Following payment from the insurance company, we will send a statement to you, for the difference between the estimate and the actual amount paid for the claim.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. It is the patient's responsibility to understand the benefits and limitations of their own individual policy, including but not limited to maximum benefits, waiting periods, preexisting conditions and exclusions.

While filing of insurance claims is a courtesy that we extend to our patients, all charges your responsibility from the date the service are rendered. If your insurance company fails to reimburse this office for services rendered within 30 days, the balance will become the responsibility of you, the patient, and will be due immediately. We recommend that you stay in touch with your insurance company and monitor the status of your claim periodically, to avoid this situation.

If you need to reschedule or cancel an appointment, we require a minimum of 48 hours notice to avoid a charge.

We strive to help our patients achieve the highest level of dental health that is personally appropriate for them. We are committed to excellence in all of our services. We promise to treat our patients' needs with the highest level of care, comfort, skill and professional judgment.

I have read the above conditions of treatment and payment, and agree to its content.

Signature of patient, parent, or guardian

Date

Relationship