



FINANCIAL POLICY

Moore & Pascarella, A Dental Group

We are pleased that you have chosen us for your dental needs. We look forward to a long and continuous relationship. In order to better serve your needs, we offer the following information concerning our Financial Policy:

Payment is due in full at the time of visit. Discount incentives are offered for cash or check amounts of treatment over \$500. Applications for CareCredit and Chase Health Advance are also available at the office and on our website mooreandpascarella.com. Many times, treatment can be financed, interest free, through these finance companies. We allot a specific amount of time for each procedure. Should you need to change an appointment, we ask that you give our office 24 hours notice. Failure to keep your appointment may result in a \$65.00 failed appointment fee. Our office accepts the following methods of payment for services rendered:

**CASH
PERSONAL CHECKS
MOST ATM CARDS
MONEY ORDERS
TRAVELER'S CHECKS
AMERICAN EXPRESS**

**VISA
MASTER CARD
DISCOVER CARD
CARE CREDIT
CHASE HEALTH ADVANCE**

INSURANCE INFORMATION

At each visit, insurance co-pays are estimated by our Financial Coordinator. We base estimates upon limited information provided to us by your insurance company. You will be asked to pay your estimated co-pay at each visit. If there is a residual balance following insurance payment, you will be billed and will be responsible for that amount. All amounts are due in full within 60 days from date of service, regardless of insurance.

As a courtesy, we send you claims to your insurance company for you. Before your first visit, we will phone your insurance company and will request information pertaining to your eligibility and a brief schedule of benefit provisions. While we are familiar with basic insurance guidelines, it is impossible for us to know all the details of every policy. Further, most insurance companies do not divulge their "fine print" in terms of detailed benefit exclusions to us. For your protection, we encourage you to review your benefit booklet and become familiar with your insurance policy, benefits, and limitations.

While we do our very best to estimate your insurance co-pays, we have no contractual agreement with your insurance company and have no control over their decision-making process. Your insurance contract is between your employer and your insurance company, and it has been purchased for you by your employer. If you do not agree with the insurance company's decision, we will help you with the appeal process, however we ask you to follow up fully with your carrier to expedite payment if insurance does not pay within 30 days. We also ask that you make payment in full, if insurance has not paid after 60 days from date of service. Following insurance payment, you will be reimbursed for any credit on your account.

If you have any questions, please do not hesitate to contact our Financial Coordinator or Office Manager. We welcome you to our dental family and look forward to seeing you at your next visit.

I HAVE RECEIVED AND FULLY UNDERSTAND THE FINANCIAL POLICY FOR THE OFFICE OF MOORE & PASCARELLA, A DENTAL GROUP. I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR PAYMENT OF SERVICES REGARDLESS OF INSURANCE DECISION. I UNDERSTAND THA CO-PAYS ARE DUE AT EACH VISIT.

Responsible Party Signature

Date

Witness

Date