



FINANCIAL POLICY

DONALD MARKS, DMD | GENERAL • PREVENTIVE • COSMETIC & IMPLANT DENTISTRY

Thank you for choosing us as your dental care provider. Our office is committed to providing you with the best possible care. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. The following is a statement of our Financial Policy, which we ask you to read and sign prior to treatment.

Regarding Payment

We accept the following forms of payment: cash, check, Visa, American Express, MasterCard, Discover and a no interest payment plan from CareCredit. Payment is due at the time services are rendered, unless prior arrangements have been made with the office financial coordinator.

When dentures, partial dentures, crown and bridge appointments are scheduled, a 50% deposit will be due. Payment arrangements can be made so the remaining balance is complete when your prosthesis is inserted.

The parent who accompanies a minor child/children to the appointment is responsible for payment due at the time of service. For unaccompanied minors, non-emergency treatment will be denied unless payment has been secured or previous arrangements have been made with the doctor and billing receptionist.

Regarding Insurance

Our practice is committed to providing the best treatment for our patients and our staff is prepared to help you receive your maximum allowable benefits toward that care. Fees reflect usual and customary charges for the level of service we provide. Your dental policy is a contract between you and your insurance company. We must emphasize that our relationship is with you, the patient and not the insurance company. The terms of your contract determines the insurance company's usual and customary allowance based on the level of premiums.

To best serve you, your complete, updated insurance information must be presented at the time of service. All deductibles and approximate co-pays are due the day the service is rendered. Upon receipt of the insurance payment, we will reconcile the account and bill or refund the difference. Claims are submitted electronically the day of service. We will **re-submit** any lost or disputed claims, **once**. In the event your insurance company has not paid your account in full within 60 days, the balance becomes your responsibility.

We are happy to discuss all 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.

Please let us know if you have any questions or concerns. We are here to help.

I have read the Financial Policy; I understand and agree to this Financial Policy.

Signature of Patient or Responsible Party: _____ Date: _____