

Moore Family Dental P.C.

350 ALBERTA DRIVE SUITE 101 BUFFALO NY 14226 (716) 835-1670

Financial Policy

****PATIENT NAME**:** Welcome and thank you for choosing Moore Family Dental as your dental care provider. Our primary mission is to deliver the best and most comprehensive dental care available by using modern technology and high quality materials to ensure the best dental treatment available today.

Full payment for services rendered is due at the time of service or at the completion of your treatment for services requiring multiple appointments (unless prior payment arrangements have been made).

Payment Options:

- Cash, Check, VISA, MasterCard, American Express or Discover Card
- We offer a 5% courtesy adjustment to patients who prepay in full for their treatment of \$1000 or more with cash or check. No other discounts will apply.
- A 3% courtesy adjustment is given when prepaid with credit card. No other discounts will apply.
- Convenient Monthly Payment Options (*subject to credit approval*) from CareCredit Healthcare Credit Card.
Please note: No discount will be applied if the patients account is *not* current or in good standing.
Only one discount applied per account.

Dental Insurance:

We are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement of your treatment. A patient is in contract with their insurance company. All information is readily available to the patient in their benefit handbook or if they call their insurance carrier directly. The patient is responsible for knowing whether their insurance carrier requires you to use an "in-network provider" or a "participating provider". Please be advised that co-payments and deductibles are your responsibility on the date of service. We are happy to submit requests to insurance companies for a pre-determination or pre-treatment estimate when requested by the patient. In the event that we do not receive your insurance payment within 90 days from the date services are rendered, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier. Our estimate of insurance payment is not a guarantee of payment by your insurance company.

Please Note:

If you choose to discontinue care before treatment is complete, no refund will be issued.

A fee of \$30 will be charged for returned checks.

IMPORTANT: A fee of \$50 will be charged for patients who miss or cancel more than ONE time in a calendar year *without* 24-hour notice.

We charge 5% interest on all past due accounts over 90 days (*without prior financial arrangements*).

In the event that your account goes delinquent, the patient/responsible party is responsible for any interest and any collection costs and reasonable attorney fees incurred to collect on this account.

TODAY'S DATE:

Patient Signature: