

FINANCIAL POLICY

Thank you for choosing our office. We are committed to providing you with the best care possible. Due to the many changes in insurance plans we must adhere to the following:

PAYMENT IS DUE AT THE TIME OF SERVICE.

We accept Visa Card, Master Card, Discover Card and Care Credit.
Cash and Personal Checks.

All charges are your responsibility from the date of service. Your insurance is a contract between you and them. If you have insurance, the payment of your deductible, co-payment, any non covered service and estimated patient portion is due at the time of service. We urge patients to contact their insurance companies to make sure they are covered for dates of service and to verify their Dental Insurance company which is usually different from your Medical Insurance company.

We electronically file most insurance claims. Any claim that is not paid after 90 days is billed directly to you.

We provide an estimate of what your insurance will pay. The computer provides estimates as close as possible, but we can make no guarantee that your insurance payment will match the estimates. Many companies pay for white fillings on posterior teeth at the amalgam (silver) filling fee. The patient is responsible for the difference. Not all services are covered by all insurance plans.

I have read and understand the payment policy of Dr. N. Wargo's office. I understand that my insurance is an arrangement between myself and my insurance company, NOT between the dentist and my insurance company. If my insurance company does not pay within 90 days, I know that I will be responsible for payment.

THERE WILL BE A \$50 CHARGE FOR MISSED APPOINTMENTS OR FOR APPOINTMENTS THAT ARE CANCELLED WITH LESS THAN 24 HR NOTICE.

Please NOTE: If you are late, 15 min. or more, for your appointment, we will have to reschedule you for another day. Thank you for your cooperation with this policy.

Patient Name

Signature

Date

* If you would like a copy of this policy for your records, we will be happy to provide one.