

ROY MOSCATTINI, D.D.S.
FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

All patients must complete our Information and Insurance form before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE
WE ACCEPT CASH,CHECKS OR VISA/MASTERCARD

Regarding Insurance

We will accept assignment of insurance benefits. However, we do require you to pay your percentage (if there is one) in full at the time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information and a copy of your insurance card or an original claim form. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits and your insurance company has not paid your account in full in 90 days, the balance may be automatically transferred to your credit card on file. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your insurance. Note there is a \$35 returned check fee. In the event that the account is deemed uncollectible and has to be turned over to collections, you will be responsible for all fees associated with collecting the balance, including attorney fees.

Regarding Insurance Plans where we are a participating provider, all co-pays and deductibles are due prior to treatment. In the event that your insurance coverage changes to a plan where we are not participating providers, refer to the above paragraph.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult Patients

Adult patients are responsible for full payment at time of service.

Minor Patients

The adult accompanying a minor and the parents(or guardians of the minor) are responsible for full payment. For unaccompanied minors, you are permitting the doctor to see him/her, but non-emergency treatment may be denied unless charges are pre-paid by cash, check, or a pre-authorized Visa/Mastercard.

Missed Appointments

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments. If a substantial number of appointments are not kept, we reserve the right to dismiss you from the practice. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy.

X _____ Date _____
Signature of Patient or Responsible Party