

Boulevard Dental Associates P.C.

Financial Policy

Our financial arrangements are based on an open and honest discussion of treatment options, respective fees and patients' financial capabilities. Dr. Medianick, Dr. Clark, and our staff are dedicated to serving your dental needs with the best professional advice, care and service possible.

Payment Options

Payment is expected in full at the time of service unless prior arrangements are made. We understand your dental insurance may not cover all of the cost of your treatment and we make every effort to keep the cost as low as possible. To assist you, we have several convenient payment options for you:

- Cash
- Checks
- Debit, Visa, MasterCard, or Discover
- Care Credit (6-12 months interest free financing) for balances of \$800 or more

Insurance

Our goal is to assist you in maximizing your insurance benefits to receive quality dental care. We care for patients with insurance from many employers. Each plan is slightly different in its covered services. We encourage you to become familiar with your policy's exclusions, deductibles and required co-payments.

Our courtesy service to you includes: electronically filing your insurance claim and requesting payment of your benefit.

Our expectations of you as the owner of the policy include the following: paying fees not covered by your plan at the time treatment is performed, paying your account balance if your insurance company does not pay within 60 days, and keeping our office informed of any changes in your insurance coverage or employment. Please note, dental insurance policies may use

restricted fee schedules and may exclude some procedures. All restrictions are based on the premium you pay for your insurance and not on our fees or recommended treatment.

Missed Appointments

When you make an appointment with us, that time is reserved exclusively for you. In an event that you have a change in your schedule and need to reschedule your appointment, we kindly ask for 48 hours of notice. We take family emergencies and exceptions into consideration. In the event you cancel on the day of your appointment or fail your appointment, a \$60 fee will be charged to your account.

*Non-Sufficient Funds Check fee is \$25.00.

*A monthly charge of 1.50% will be applied to any balance over 90 days.

I understand and agree to this financial policy. I understand that regardless of what insurance coverage I have, I am ultimately responsible for the timely payment of my account.

Patient Name(s) (please print)

Responsible Party Name (please print)

Patient/ Responsible Party Signature

Date