

DI LORETO DENTAL CARE, PC

20690 Vernier Rd, Harper Woods, MI 48225 PH: 313 884-3050

OUR FINANCIAL POLICY

Thank you for choosing us as your dental health care provider. We are committed to your treatment being successful. The following is a statement of our Financial Policy which requires 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, VISA/MASTERCARD, AND DISCOVER.
WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT
APPROVAL.***

REGARDING INSURANCE

Payment in full is required at the time of service. However, we may accept assignment of insurance benefits. If payment in full is not required, we will require your co-pay to be paid at the time of service. We cannot submit your insurance claim unless we have *all* insurance information and an original claim form. *Failure to do so prohibits any submission and the entire balance will be immediately due and owing.* Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full within 45 days, the balance will be automatically transferred to your account. The balance is your responsibility whether your insurance company pays or not. Please be aware some of the services provided may be non-covered services by the Insurance Program and/or other medical insurance. *This is not a statement by the insurance company that the service was unnecessary but rather a reason for rejection of payment by the insurance company. You are responsible for payment of **all** services rendered.* All accounts due over sixty (60) days are subject to a 1.5% monthly finance charge.

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.

MISSED APPOINTMENTS

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

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

Signature of Patient or Responsible Party

Date