



JESSICA H. BRIGATI, DDS, PLLC
FAMILY DENTISTRY

FINANCIAL POLICY FORM

Thank you for choosing us as your dental 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 read and sign prior to any treatment along with our demographic form, health/dental history forms.

FULL PAYMENT of your estimated portion of treatment fees is due at the time of service unless prior arrangements have been made. We accept cash, checks, Visa, MasterCard, Discover, American Express and CareCredit.

INSURANCE: Your insurance policy is a contract between you and your insurance company. Our treatment recommendations are not determined by your insurance coverage. We file your insurance as a courtesy. We may accept assignment of insurance benefits. However, we do require at least your estimated portion to be paid at the time of service. If after pending insurance pays there is still an outstanding balance, the balance is your responsibility. (We can only file and accept insurance if we have your correct information - it is your responsibility to keep us up to date on your insurance coverage). Please be aware of limitations that may define non-covered, reasonable and necessary fees, and or waiting periods as defined by your particular policy.

USUAL AND CUSTOMARY RATES: Our practice is committed to providing the best treatment for our patients and our fees are usual and customary for OUR office. Our fees are based on the education of our staff, the high quality of materials and labs used, state of the art equipment used and procedures performed. Should you accept treatment, you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary fees or treatment.

IN AND OUT OF NETWORK BENEFITS: Our office is considered out-of-network with all insurance companies with the exception of Delta with whom we are considered premier providers and we adhere to only the premier contract policies. You are responsible for understanding the terms of your policy as relates to in and/or out of network providers. •

SECONDARY INSURANCE: Having more than one insurer does not necessarily mean that your services are covered at 100%. Secondary insurers will pay as a function of what your primary carrier pays. We will help you file your secondary insurance as a courtesy. You are responsible for any balances after your insurance(s) has made payment.

MINOR PATIENTS: The adults accompanying a minor and the parents (or guardians of the minor) are responsible for payment. For unaccompanied minor, non-emergency treatment will be denied unless prior payment arrangements have been made.

DIVORCE DECREE: This office is NOT a party to your divorce decree. Parents are responsible for their bill at the time of service. The financial responsibility for a minor rests with the adult accompanying the patient to each visit.

MISSED APPOINTMENTS: Our office tries to accommodate our patient's busy schedules. Appointments are by reservation only and we request cancellations to be at least 48 hours in advance. Please help us serve you better by keeping scheduled appointments. If an appointment is no showed or cancelled without giving us notice of 48 hours, we will charge you \$55.00 after the second occurrence.

Thank you for reading our Financial Policy. *Please let us know if you have any questions or concerns.*

I have read, understand and agree to this Financial Policy. By typing or signing your name below, you have reviewed and electronically or physically signed our Financial Policy form.

Signature of Responsible Party

Date: