

Robert A. Zambrowski, D.M.D., MAGD - Michael A. Zambrowski, D.D.S.

Financial Agreement

PATIENTS WITHOUT DENTAL INSURANCE: Payment in full is expected at the time services are rendered. We accept cash, checks, VISA, American Express, and Mastercard. We also offer financing through Care Credit.

For treatment requiring lab work or restorative treatment involving multiple steps (such as crowns, bridges, root canals, dentures, implants, etc.), one-half of the fee is due at the first appointment with the balance due at delivery.

EMERGENCY/URGENT TREATMENT WITH OR WITHOUT INSURANCE: Payment in full is expected at the time services are rendered. We accept cash, checks, VISA, American Express, and Mastercard. We also offer financing through Care Credit. If you have insurance, we are happy to file your insurance for you. Your insurance plan will reimburse you directly.

PATIENTS WITH INSURANCE: As a courtesy to you we will complete your insurance form and submit it to the insurance company. Please be advised that your agreement with your insurance carrier is a private one and that ultimately, you are responsible for payment. If an insurance carrier has not paid a claim within 60 days of billing, our fees are due in full and payable from you. Should our office receive a payment from your insurance after you have paid, a prompt refund will be issued.

We require you to pay the **estimated** "patient portion" at the time of service. This may include a deductible, and/or an **estimated** percentage of each procedure.

For treatment requiring a pre-authorization of benefits (such as crowns, bridges, root canals, dentures, implants, etc.), one-half of the fee that is not covered by you insurance is due at the first appointment with the balance that you owe due at delivery.

Most insurance companies will respond within two to three weeks. After your insurance pays, any remaining balance is your responsibility. We will mail you a statement and payment in full is due within 21 days of receiving your statement. We do not carry account balances month to month.

We accept cash, checks, VISA, American Express, and Mastercard. We also offer financing through Care Credit.

Note: If your insurance company (Delta Dental, BCBS, BCBS- Fed, etc.) reimburses the subscriber(you) payment is due at time service. If you have insurance, we are happy to file your insurance for you. Your insurance plan will reimburse you directly.

PROMPT PAYMENT: Just as we make every effort to accommodate you when you are in need of dental care, we expect that you will make every effort to pay your bill promptly. We reserve the right to charge a \$20.00 per month billing charge on all past due accounts.

By signing below I verify that I completely understand, agree, and accept the policies outlined above. I further acknowledge that I am responsible for all dental service rendered to me and my dependents (if applicable).

Patient Name (print): _____ Date: _____

Responsible Party Signature: _____ Relationship to Patient: _____