

THE COSMETIC DENTAL CENTER & SPA

ROBERT J. YETTO, DDS

1301 NORTH FOREST ROAD

SUITE 3

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OUR FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your responsibility.

- All patients must complete our "Patient Information Form" before seeing the doctor.

- FULL PAYMENT IS DUE AT TIME OF SERVICE.

- WE ACCEPT CASH, CHECKS AND VISA/MASTERCARD.

UNACCOMPANIED MINORS

The parents (or guardians) are responsible for full payment. Non-emergency treatment will be denied unless treatment has been approved by the responsible party and charges have been pre-approved to an approved credit plan or to Visa/Mastercard, or paid by cash or check at time of service.

REGARDING INSURANCE

If you have insurance, we will help you receive maximum benefits, however **insurance is a contract between you and your insurance company.** We are NOT a party to this contract, in most cases (we will inform you if we are a participant in your insurance contract, and will handle your claims according to our agreement with the insurance company, if one exists). We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual & customary" charges, etc., other than to supply factual information as necessary. **You are responsible for the timely payment of your account.**

We will not accept insurance on a first emergency visit. However, we will help you complete claim forms so that you can be reimbursed by your insurance company to extent the of your coverage. On subsequent visits, we *MAY* accept your insurance if you obtain approval from our office staff prior to the date of service. If we accept your insurance, you must pay your % of co-payment **at the time of service.** If your insurance company has not paid the FULL BALANCE within 45 days, you have 15 days to pay the balance. Late payment charges are added to unpaid accounts after 60 days from date of service. If your insurance company pays more than the balance due, we will send a refund check to you.

MISSED APPOINTMENTS

Two (2) full working days notice is needed to change appointments without charge. Failure to provide this notice will result in a missed appointment charge based on the time reserved for you, which is not covered by dental insurance. Please help us to control health care costs by keeping scheduled appointments.

Thank you for understanding our Financial Policy.

Responsible Party Signature _____ Date _____