

Belvidere Dental Associates, P.C.

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Payment Policy

All payments are due at the time services are rendered.

Some patients have insurance that will help them pay for dental expenses. In this case, we ask our insured patients to assign any payments to our office so that any payments that are made by your insurance will be sent directly to our office. However, we will not bill for the balance due. We ask you to pay your portion of the services when they are rendered.

We do not participate with any PPO or DPO programs.

Please be aware, we cannot guarantee what your insurance will pay. Actual insurance payments can only be determined when a claim is submitted. Any remaining balance, after your insurance determines your benefit, will be billed to you. We will submit your claim and follow-up if unpaid after 30 days. If your claim remains unpaid for any reason, we will bill you directly and it will be up to you to follow-up with your insurance company and receive any benefit directly.

For our seniors. We do offer a 10% discount for any services billed at the regular rate for our patients who are at least 60 years of age and do not have any dental insurance. Services must be paid for by cash or check in full at the time services are rendered. We can not discount any charge card payments.

We accept Visa, MasterCard, and Discover only. We also participate in the CareCredit program, a charge card program for medical expenses only. You must be pre-approved for this card and can pay off expenses for **up to 12 months** without interest. (The payoff period is determined by the amount you owe). They also offer payment schedules that run as long as 48 months at a rate of 9.9%. Ask the front desk for information or an application. You may also find them on the web at www.carecredit.com

I was given a copy of the payment policy and accept its terms.

Patient or Responsible Party

For Patient's With Dental Insurance

I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless the treating dentist has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize release of any information relating to this claim.

Patient/Guardian

I hereby authorize payment of the dental benefits otherwise payable to me directly to the named dental entity. (Michael E. Belby, D.D.S., P.C.)

Subscriber of insurance