

FINANCIAL POLICY FOR OUR PATIENTS

From the office of Erin Neill Bromley, D.D.S.

Our office wants each of our patients to be able to comfortably afford dental care. We proudly offer the following financial policy so that our patients can have the opportunity to decide which payment option best suits his or her specific needs:

Insurance: Our office will gladly work with you to help get the maximum benefit available to you. Most dental insurance plans do not cover 100% of your cost of treatment. Because of this, you will be asked to pay your deductible and your co-payment for the charges on the day the service is rendered. **We will estimate as closely as possible your coverage, but we can make no guarantee of any estimated coverage.** Because the insurance policy is an agreement between you and your insurance company, the ultimate responsibility for all charges lies with you. If after 60 days the insurance has not paid on the claim, you will be responsible for the total balance.

Payment Options:

1. Cash or Check. We are happy to offer a 10% courtesy to patients without insurance for all treatment paid in full.
2. Credit Card. Office accepts VISA, MasterCard, and Discover.
3. Financing. We offer financing through Citi Health Card for treatment.

Responsible Party Contract:

Our office has consciously chosen to provide high quality dentistry to all of our patients and has carefully calculated what it costs to offer that level of care. All of our patients are charged the same fee for the quality of service. In order to make dental care more affordable for our patients, we file insurance. However, we do require the patient's portion at the time services are rendered.

Missed Appointment: There will be a 25.00 charge for any failed dental appointment or cancellation the day of the appointment.

Acknowledgement: If my account is sent to a collection agency for non-payment, I will be responsible for the collection fees of my unpaid balance. There will be a \$50.00 fee for insufficient funds to cover a check.

I certify I have read and understand the above.

Patient Signature _____ Date _____