

FINANCIAL AGREEMENT

Ronald S. Leader, DDS, PC – 4236 Richmond Avenue – Staten Island, N.Y. 10312
OFFICE FINANCIAL POLICY

We are committed to providing you with the best possible care. We maintain the highest standards of dental care and meet or exceed standards set for infection control and office safety. We want you to know that we are always available for your dental health needs, but in order to make sure that we continue to be at your service we must maintain and enforce our OFFICE FINANCIAL POLICY.

Payment for services is due at the time services are rendered unless alternative payment arrangements have been approved by our staff. We accept cash, checks, Visa, MasterCard, Discover, American Express, or money orders. If payment is made in full, prior to starting treatment, by either check or cash, a 5% credit will be applied to your account on treatment of \$ 1000 or more. For extended treatment there is the option of paying 50% at the start of the treatment and 50% at the end of treatment in special instances we may accept assignment of insurance benefits.

Returned checks and balances older than 90 days will be subjected to additional collection fees. Returned checks will incur a \$25 charge and balances over 90 days will incur a \$5 billing charge per month. In addition, outstanding accounts older than 90 days will be subject to interest charges at the rate of 1.5% per month.

We maintain a flexible but effective schedule that places priority to dental emergencies and appointments made in advance. We consider your time important. Nonetheless, some unanticipated short delays may occasionally arise. We kindly ask that you be considerate to other patients and our staff and maintain the same respect for the Doctor's time that we extend to you. **Charges will be made for broken appointments or appointments cancelled without 24 hours advanced notice at the rate of \$50 per appointment & \$75 for an hour appointment.**

In most cases a comprehensive Treatment Plan will be presented to and discussed with you before any extensive dental treatment is begun. Financial responsibilities will also be arranged before treatment. As previously stated, in some instances we will accept assignment of insurance benefits, but request that the amounts responsible by the patient or guarantor be paid at the time of service.

If you have Dental insurance we are anxious to help you receive your maximum allowable benefits in order to do so we need your assistance and understanding of our policy. However, you must realize that

**Your insurance is a contract between you, your employer, and the insurance company.
We are not a party to that contract.**

Our fees are generally considered to fall within the acceptable range by most insurance companies and are therefore covered to the maximum allowance determined by each carrier. This applies to companies who pay a percentage (such as 50% or 80%) of U.C.R. Our fees are considered usual, customary and reasonable by most companies. Not all services are a covered benefit in all contracts. Some companies arbitrarily select services that they will not cover.

Please check with the office manager if you have any questions regarding your coverage.

We must emphasize that as dental care providers our relationship is with you and not your insurance company. While the filing of insurance claims is a courtesy, all charges are your responsibility from the date the services are rendered. If you have any questions regarding the above information, or any uncertainty regarding your insurance coverage, please don't hesitate to ask us. We are here to help you. If you have read and understand the Financial Agreement please sign below.

Patient's Signature (Parent's signature if patient is a minor)

Date