

## Office Payment Policy

Payment is due and expected at time of service.

The following is a list of Dental Insurances of which we are participating providers:

**Altus, Blue Cross Blue Shield, Connection Dental, Delta Dental of MA, Guardian, MetLife, and United Healthcare**

(Not including any PPO or HMO plans)

We accept non-participating insurances, however, they pay out-of-network benefits and the patient is responsible for the difference.

Dental Insurances are contracts between patients and their insurance company. Claims are submitted by this office as a courtesy to you. In the event your insurance company denies your claim, or only pays a portion of the claim, you are responsible for the balance. Our estimates are subject to final approval by your insurance company; therefore, the amount due is subject to change. All office visit fees are due at time of service. If applicable, insurance companies will be billed, however dental insurance co-pays, deductibles, and coinsurances are due at the time of service. We are sensitive to the fact that some patients may not be able to pay cash for their treatment; therefore, we offer several alternative payment programs for your convenience.

### PAYMENT OPTIONS

1. Cash or check (includes money orders)
  - 10% discount will be given if payment is in full at time of treatment, and there is no prior balance. (Delta Dental, MetLife, Blue Cross Blue Shield, Guardian, Altus, and Connection Dental subscribers are not eligible.) OR
  - 10% discount will be given to Senior Citizens (65 or over), if there is no prior balance.
2. Visa, MasterCard, American Express and Care Credit (discounts do not apply.)

### INITIAL PAYMENTS (EXTENSIVE TREATMENT)

Our office requires a deposit of one-half to schedule an appointment to start treatment and payment in full once treatment is initiated

### INTEREST POLICY

As of June 1<sup>st</sup> 2008 our office will start charging interest on accounts that are 60 days or more passed due. Your cooperation is greatly appreciated.

### CANCELLED APPOINTMENTS

We ask that a 48-hour notice be given if unable to keep a scheduled appointment. If we DO NOT receive a 48-hour notice, the fee for the scheduled appointment will be charged to your account. Consideration will be made for special circumstances. Cancellations are taken during business hours only. Answering service does not accept cancellations.

I agree to be personally responsible to pay the amount charged for professional services rendered.

I also agree to pay for all reasonable fees and costs for collection incurred by Dr. Aparna Sharma in connection of any outstanding balances.

\_\_\_\_\_  
\*Patient, Parent, Guardian

\_\_\_\_\_  
Financial Coordinator

\_\_\_\_\_  
Date

*\*If patient is a minor, a parent or guardian must sign.*