

Jose Marcano, D.M.D.

**FINANCIAL AND INSURANCE POLICIES**

Thank you for entrusting us to care for your dental health. As part of our services, we make every effort to keep down the cost of dental care. In and effort to do so, we ask that you read the following office policies prior to treatment.

If you need additional information or explanation, we will be happy to assist you. Thank you for your cooperation.

Our policy is to request payment at the time of your visit as the cost of billing statements, postage, and billing staff affects fees.

**INSURANCE CO- PAYMENTS, PERCENTAGES AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICES**

Cash, personal checks, VISA, MasterCard, American Express, Discover Cards are accepted.

● **Dental Insurance**

Insurance is billed as a courtesy to our patients, and the patient is the final responsible party. If your insurance has not paid the claim in 30 days, you will be notified and billed for the balance due. Most insurance companies will not cover 100% of all dental expenses. **Please understand that Dental Insurance is a contract between the patient and the Insurance Company and not a contract between the Insurance Company and the office.**

● **Non-Insurance**

Full payment is due at the time services are rendered unless prior arrangements have been made.

● **Broken Appointments**

**We reserve the right to bill a \$50.00 cancellation fee for broken appointments.**

We do not overbook our schedule to cover "NO SHOWS". The appointment time reserved *is reserved especially for you*. We do require 48 hours notice to change or cancel an appointment. This way our previously reserved time can be made available to another patient.

● **Returned Checks**

**A \$35.00 service charge** will be applied to your account for returned checks. Any returned checks will not be re-deposited. All balances must be paid by cash or credit card.

I have read, agree and understand the above.

\_\_\_\_\_  
Patient / Parent or Responsible Party Signature

\_\_\_\_\_  
Date