

Colombo Dental Associates, L.L.P.



VICTORIA COLOMBO, D.M.D.
FRED J. COLOMBO, D.D.S.
FRANK LIU, D.D.S., F.A.G.D.

Tel (516) 799-1787
Fax (516) 799-2623
colombodental@optonline.net
www.colombodentalassoc.com

Financial Policy

We are committed to providing our patients with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship so please ask if you have any questions about our fees or your financial responsibility.

Uninsured (Self-Pay) Patients:

Self-pay patients are responsible for 100% of the charges for any services rendered on the date of service.

A 5% senior citizen (65 years or older) courtesy will be given to patients when charges are paid in full by cash or check on the same day of service (3% courtesy for credit card payments). If payment is made after the day of service, the full fee will be due.

Insured Patients:

We participate in many insurance plans. For verification of these plans, please ask our office receptionist. If we participate with your insurance, we are happy to work with your carrier to maximize your benefit and directly bill them for payment for your treatment. If we do not receive payment from your insurance carrier **within 60 days**, you are responsible for payment of treatment fees and the collection of benefits directly from the insurance carrier. Not all services are covered by insurance plans so please consult with your insurance carrier for specific coverage information. Each company reimburses differently and you are responsible for any co-insurance, deductibles and unpaid balances.

Account Balances:

We appreciate timely payment of your account. If payment is not received **within 30 days**, it is the office policy to assign finance charges of 1.5% per month (18% APR) to the balance. **Account balances over 60 days past due, assess a late fee of \$30 per month until the balance is paid in full or specific payment arrangements have been made.** We reserve the right to reschedule or deny a future appointment on delinquent accounts.

Cancellation Fees:

We try our best to accommodate appointments as best we can. A \$100 fee is charged for patients who miss or cancel an appointment without 24 hour notice. Weekend appointments require two business days notice to avoid cancellation fees. Family Block appointments: When making appointments for multiple family members, it is our policy to only book 2 family member appointments on any one day. However, we realize busy family lifestyles require exceptions to be made. If more than 2 family members are allocated an appointment time, we require a credit card to hold the appointments. In the event of family appointment cancellations with less than 48 hours notice, your credit card will be charged an appointment block cancellation fee of \$100/person + \$50. Family block cancellations for weekends require a minimum of 72 hours notice and the fee is doubled.

Payment Options:

All fees and co-insurance estimates are due at the time of service. For your convenience, we accept cash, checks, VISA, MasterCard, American Express and third party healthcare financing through Care Credit. Please note there is a \$30 charge for returned checks.

I have received, read and agree to the financial agreement and payment policy. I acknowledge full responsibility for the payment of services. I understand if my insurance does not cover services that it will be my responsibility to pay in full.

Signature of Responsible Party:

Date:

Print Name:

Relation to Patient: