

Rochester Family Dental
Alan I. Newman, DDS
Lisa K. Friscano, DDS, MS
Ann K. Calamel, DDS

Office Financial Policy

Thank you for choosing Rochester Family Dental. Our primary mission is to deliver the best and most comprehensive dental care available.

Payment Options

- ◆ Cash, Check, Visa, Mastercard, Discover, and American Express
For patients with treatment plans larger than \$500, we offer a 5% discount to those who pay for their treatment with **CASH** or **CHECK** at the **beginning** of treatment.
- ◆ **NO INTEREST** Payment Plans from **CareCredit**. (Ask for details)

Service Fees

- ◆ There will be a \$25.00 service charge for ALL returned checks.

Insurance

- ◆ Patients **with** dental insurance: We will work with your insurance carrier to maximize your benefits, and bill them directly for reimbursement of your treatment.

◆ **YOU THE PATIENT WILL NEED TO PAY YOUR ESTIMATED PORTION AT THE TIME OF SERVICE. IF YOUR INSURANCE PROVIDER PAYS YOU, THE PATIENT, DIRECTLY, WE WILL COLLECT THE TOTAL BALANCE DUE AT THE TIME OF SERVICE.**

Cancellations/Broken Appointments

- ◆ **A \$40.00 fee PER APPOINTMENT will be charged for patients who break or cancel appointments WITHOUT 24 hours notice.**

It is understood and agreed that in the event that any outstanding balance has to be referred to a collection agency OR attorney for recovery, that the patient will be FULLY RESPONSIBLE for any costs, including, but not limited to attorney's fees.

Patient Name (Please Print) Date: _____

Signature * Date: _____

***If completing for digitally and emailing to us, you will be asked to sign and date when you arrive at your appointment. Please leave the above fields for signature and date BLANK.**