



LIONELL N. GREENBERG , D.D.S., INC.

THOMAS N. SIMS, D.D.S., A.P.C.

OFFICE FINANCIAL POLICY

Thank you for selecting our office for your periodontal care. We are committed to providing the highest level of quality preventive treatment. Please understand that payment for services rendered is part of your treatment. Outlined below is our financial policy. Please read it carefully and sign below indicating that you understand our policy.

1. Full payment is due at the time of service.
2. We accept cash, checks, Visa, MasterCard, Discover, and American Express.
3. If you are unable to keep your scheduled appointment, kindly give us 48 hours notice to avoid a nominal cancellation fee.
4. If you have dental insurance, and you have obtained a pre-estimate, you are expected to pay your estimated portion and/or deductibles at the time of service.

In the best interest of your dental health, your treatment plan will be based on the diagnosis made by your doctor, and you will be informed of the estimated cost of your treatment.

If you have dental insurance, your treatment will not be dictated by available benefits. We will gladly assist you in collecting insurance reimbursement, providing you supply us with complete insurance information. Upon request, we can obtain a pre-determination of dental benefits prior to treatment. Be aware, however, that a pre-determination is not a guarantee of payment, and that you are directly responsible for the payment of all fees. If your insurance company has not paid your claim within ninety days you will be expected to pay the total balance owed.

Any balance over 90 days will be charged an annual finance fee of 18%. To avoid finance or rebilling charges, we ask that you comply with our financial policy.

I have read and understand the above.

Patient _____ Date _____

Parent or Guardian _____ Relationship _____