

# ***Palladino, DDS & Associates, Inc.***

5763 Mayfield Road | Mayfield Heights, Ohio 44124 | 440.449.2440

## **Financial Policies and Options**

Thank you for choosing Palladino, DDS & Associates, Inc. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

We have several financial options available for your convenience. We have found that our patients appreciate knowing exactly what dental financial responsibilities they will incur. Therefore, we inform our patients about our financial policies before we begin treatment. Knowing this ahead of time allows us to arrange for the completion of all necessary dental treatment. We accept Cash, Check, CareCredit, or Credit Cards (Visa/Master Card, Discover and American Express.)

### **Payment and or co-pay is due at the time of service**

#### **Dental Insurance**

As a courtesy to you, we do accept assignment of benefit payments from most dental insurance companies. This is an estimate based on limited information obtained from your insurance company. Your estimated portion, not covered by insurance, is due at the time treatment is performed. Please understand even the best insurance companies do not cover 100% of all dental expenses. The amount of your insurance company's payment is determined by the level of coverage purchased for you by your employer. Your dental insurance is your responsibility. While we are happy to help you with claims submission, we can make no guarantee about insurance payments. We allow up to 90 days for your insurance company to make payment. After this time, payment in full is expected from you.

#### **5% Bookkeeping Courtesy**

By paying in full with cash, check, or credit card, a courtesy adjustment is given. Payment in full saves us time and the expense of billing, which allows us to offer this valuable service. We offer a 5% courtesy adjustment when payment is made at the time services are provided. For those with dental insurance, we offer this courtesy adjustment when the co-payment is made in full at the time of services.

#### **In Office 90-Day Payment Plan**

We offer a 90-day interest-free in-house payment plan. We will bill your credit card once a month to cover your dental treatment costs. Please ask for details.

#### **Extended Payment Plan**

We have made arrangements with a health-care financing company that will finance your dental care with approved credit. The program, called CareCredit, allows you to complete your dental treatment without delay and customize your monthly payments. Please ask for details.

#### **Missed or Cancelled Appointments**

A fee of \$25 will be charged for patients who miss or cancel more than 5 times within a calendar year without 24-hour notice.

#### **Returned Checks**

Our office charges \$20 for returned checks.

If you have questions, please do not hesitate to ask. We are here to help you get the dentistry you want and need. By signing below, you agree to the financial policies listed above.

\_\_\_\_\_  
Patient, Parent or Guardian Signature

\_\_\_\_\_  
Date

Please list all family members covered by this agreement: \_\_\_\_\_

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