

FINANCIAL POLICY

PATIENTS WHO SUBSCRIBE TO PPO & BMO INSURANCE ARE FULLY RESPONSIBLE TO UNDERSTANDING THE LIMITATIONS OF THEIR SPECIFIC PLANS. PLEASE INQUIRE AS TO WHETHER DR. MATILSKY IS A PARTICIPATING DENTIST IN YOUR PLAN.

As your dentist, we are committed to providing you with the best possible dental care. In order to achieve this goal, we need your assistance, and your understanding of our payment policy.

PAYMENT FOR SERVICE IS DUE AT THE TIME SERVICES IS RENDERED.

We accept cash, personal checks, Mastercard, Visa, Discover and America Express. Returned checks are subject to a service charge of 25.00 OR 5% of the face value of the check and you will lose your privilege to write checks in our office.

CANCELED APPOINTMENTS

Patients who do not cancel appointments will be charged for the missed appointment and may be discharged from the practice.

FINANCIAL AGREEMENT

We will gladly discuss your proposed treatment and do the best to answer any questions relating to your insurance. You must realize, however that:

Your insurance is a contract between you, and your employer and the insurance company. We are not party to that contract. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover (e.g., more than two cleanings per year). Insurance does not always pay 100% (e.g. because of deductibles or different percentages honored by the insurance company).

We most emphasize that as your Dental care providers, our relationship and concern is with you and your dental health, not your insurance company. ALL OTHER CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES IS RENDERED. On any balance on your account after 90 days, including those that insurance has not paid, collection action will be taken. We realize that emergencies do arise and may affect timely payment of your account. If such extreme cases occur, please contact us promptly for assistance in the collection, including attorney's fees, whether suit is filed or not

If it becomes to collect any sum through an attorney, than the patient agrees to pay all reasonable costs of collection, including attorney's fees, whether suit is filed or not.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you.

I have read and understand the above Financial Policy.

Signature _____

Date_____

Witness _____

Date_____