

Financial Policy

STAMFORD DENTAL GROUP, LLC

47 Oak Street
2nd floor
Stamford, CT 06905

At Stamford Dental Group we know that providing complete comprehensive dental care includes discussing all treatment and financial information, before treatment is performed. Our primary goal is not to allow the cost of treatment to prevent you from benefiting from the quality care you need or desire.

Payment for services are due at the time services are rendered, unless prior arrangements have been made.

Payment options:

- A. You can choose to pay by __cash, __check, or __credit card on the day that treatment is rendered.
- B. On treatment involving laboratory fees (crowns, bridges, dentures, etc.) you have the option to pay 50% on the preparation date and the balance upon delivery of prosthesis. (Typically 3 weeks apart)
- C. On extensive treatment, you may prefer to secure a bank, credit union, or other third-party financing for the entire amount and make payments to the lending institution.
- D. We offer special financing through Care Credit. (Upon credit approval) 0% interest for 12 months on purchases over \$1,000+ longer term loans.
- E. We also offer an in-office savings plan which is a low annual fee and gives you great discounts on services. (Please ask the front desk for additional information)

Payment options if you have insurance:

- A. You can choose to pay your deductible of \$____ and any co-payments at the time services are rendered by __cash __check, or __credit card. (Metlife, Delta Dental, or Cigna patients only.)
- B. You choose to pay all of your treatment by __cash, __ check, or __credit card. We will request your insurance carrier send their payment directly to you.
- C. On treatment involving laboratory fees (crowns, bridges, dentures, etc.) you have the option to pay 50% on the preparation date and the balance upon delivery of prosthesis. (Typically 3 weeks apart)

Please understand that we will submit a claim to your insurance up to 2 times, as a courtesy to you. After that you are responsible for the balance on the account. Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance.

Payments: If there are financial circumstances that prevent you from settling your account at the time of your visit we are more maybe able to work out a payment plan, **but you must communicate this with our patient accounts coordinator so arrangements can be made. Failure to do so in 60 days will result in collections action.**

Deposit Policy: Due to extensive amount of time our staff and doctors devote to preparing and reserving uninterrupted time for appointments over 2 hours, we require a deposit of half of your treatment fee to make your reservation.

Initials_____

Charges to account: We shall have the right to cancel your future treatment if you have a 60 day outstanding balance. Future visits would then need to be paid in full at the time of service, regardless of balance, or insurance.

Past due accounts: If your account becomes 30-60 days past due, we will take necessary steps to collect this debt. We send out monthly statements and make several attempts to collect your balance. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. This may include court cost. If this account is submitted to an attorney or collection agency, if we have to litigate in court, or if you're past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of a public record.

Returned checks: Checks that are returned to our office for insufficient funds are subject to a \$35.00 returned check fee.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Transferring of Records: You will need to sign a release form if you want to have copies of your records sent to another doctor or organization. It will take up to 24 hours for us to generate your records. You authorize us to include all relevant information, including your payment history.

Workers Compensation: We require written approval/authorization by your employer and/ or workers compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment of your treatment in full.

Personal Injury: If you are being treated as part of a personal injury lawsuit or claim, we require verification from your attorney prior to your initial visit. In addition to this verification, we require that you allow us to bill your health insurance. In the absence of insurance, other financial arrangements need to be discussed. Payment of the bill remains the patient's responsibility. We cannot bill your attorney for charges incurred due to a personal injury case.

Confidentiality: by signing this document you give us permission to share your info with other dentists, labs, etc.

By signing this form you give us permission to contact you via email, text.

Thank you for your consideration of this policy. We are glad that you have chosen our office as your oral healthcare provider.

Patient's name: _____

Responsible Party (if not the patient): _____

Signature: _____ Date: _____