

BRUCE R. SCHECHTER, D.D.S.

Telephone (203) 878-1787

**FINANCIAL POLICY**

**PAYMENT ARRANGEMENTS ARE REQUESTED AT THE TIME OF YOUR VISIT**

As a favor to you, we will file your insurance claims. ***Please note that it is the responsibility of the patient to inform us of any change in your employer or insurance coverage.***

If you have dental insurance, you will be required to pay your deductible and **ESTIMATED PORTION** of the fees, if any, at the start of service. You will also be responsible for any balance remaining after your insurance company has paid on your claim, since their **ESTIMATES** of coverage are not a guarantee of payment, but merely an ***estimate over which we have no control.***

While the filing of insurance claims is a courtesy that we extend to our patients, we must emphasize that as dental care providers our relationship is with the patient, **NOT** the insurance company. If we do not receive payment from your insurance company within a reasonable amount of time (60 days), the balance will become your responsibility.

**A fee of \$25.00 will be charged for any appointment cancelled without 24 hours notice.**

**A fee of \$25.00 will be charged for any returned checks.**

In an effort to provide you with flexible payment arrangements, we have expanded our payment policy. We now offer the following payment options:

- Payment by cash
- Payment by check (Must present a valid CT driver's license)
- Payment by credit card (MasterCard, Visa, Discover or AMEX)
- Guarantee any amount not covered by insurance with your credit card
- Health One Financial Visa (0% interest for 6 mos. for patients who qualify)

**Please make your choice, sign below and return to office manager before treatment.**

I have read and I understand the above policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_