

# ROBERT A. FRIEDSTAT DDS, PC.

## OFFICE FINANCIAL POLICY

Dear Patient:

In an effort to improve the efficiency of our office we have set forth the following guidelines:

### FOR PATIENTS WITH INSURANCE

Your insurance coverage is a benefit provided by your employer. Please be aware that insurance does not cover the entire fee. We will gladly file for your insurance benefit. If payment is not received within 30 days, you will be responsible for the fee.

### FOR PATIENTS WITHOUT INSURANCE

We ask for payment in full at each appointment for treatment provided. We will accept cash, check, VISA, MASTERCARD and DISCOVER. For multiple visit appointments, we realize a payment plan may be necessary. Our Office Manager or Receptionist will assist you in implementing a financial arrangement.

**PLEASE NOTE: A CHARGE OF \$25.00 FOR HYGIENE APPOINTMENTS AND \$50.00 FOR APPOINTMENTS WITH THE DOCTOR WILL BE MADE IF THESE ARE FAILED OR CANCELLED WITHOUT 24 HOURS NOTICE!**

The patient **and/or** guarantor agrees and understand if account balance is referred to an outside agency for collections, all cost and fees shall become the responsibility of the patient **and/or** guarantor and shall be applied to the current existing balance.

I fully understand I am solely responsible for my account balance regardless of delays or nonpayment by my insurance company.

\_\_\_\_\_  
PATIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARANTOR

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DATE

ROBERT A. FRIEDSTAT, DDS

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PETER B. LIAROS, DDS