



Office Policy

Waiting for insurance payment is a courtesy and giving a treatment plan is a courtesy to our patients based on what we know about your dental benefits. Per the insurance disclaimer, verbal benefits are not a guarantee of coverage but only a summary of benefits. Payment cannot be determined until a claim is received. This office does not promise that an insurance company will pay a claim, nor does this office promise that an insurance company will, or should, pay the fees as charged. All insurance contracts are between the patient and the insurance company. This office will not enter a dispute between a patient and an insurance company. The patient is responsible for 100% of any non-covered procedures.

This office will bill your insurance carrier for all covered services. The patient is responsible for the initial deductible and 50% of all basic and major services regardless of what your insurance policy states they will pay. Any overpayment will be applied to your account if treatment is pending unless you request a refund. It is understood that any payment received by the patient from their insurance carrier is the reimbursement belonging to our office for services already rendered and must be turned over to this office within 10-15 days to clear your account balance.

Financial Arrangements:

This office accepts VISA, MasterCard, Discover, American Express and debit cards, personal checks with driver's license, cash, and Care Credit with approval. There will be no refunds given for preventative home care products. All accounts not paid within 60 days of date of service shall be considered past due and incur a delinquent fee of \$25.00. Any balance over 90 days may be turned over to a collection attorney with any penalties or fees involved being the patient's responsibility (up to by not limited to 50%). If you find you are having problems meeting your financial obligations please call the office immediately at 225-292-7645, to speak to our financial coordinator.

We value our patients and set aside time to spend with each one of you! In order to do so, we will be requiring a deposit paid in full to reserve your one on one time with Dr. Russo or the Hygienist. This deposit will be applied to your visit but forfeited only if a cancellation without a 24-hour notice occurs. When an appointment is not canceled within 24-hours or more, we do not have the opportunity to offer this reserved time to another patient.

Patient or Responsible Party Signature

Date

Print Name

Date

Please Initial:

I acknowledge that I have been given or offered a copy of the office's "Notice of Privacy Practices."