## **UMBERTO FICARELLA DDS**

## **FINANCIAL POLICY**

## Dear Patient:

Thank you for choosing us for your dental provider. We are committed to keeping your dental care costs down. In order to achieve this goal, please understand that payment of your bill is an essential part of our continuing cost containment efforts. The following is a statement of our financial policy which we require that you read and sign prior to treatment.

## FULL PAYMENT IS DUE WITHIN 30 DAYS OF TREATMENT REGARDLESS OF INSURANCE PAYMENT.

We will submit all the necessary documentation to your insurance company to make sure you are reimbursed in a timely manner.

**REGARDING INSURANCE**: Your insurance company is a contract between you and your insurance carrier, therefore any balance remains your responsibility. As a courtesy to you, we would be happy to assist you in filing your insurance claims so that you may be reimbursed in a timely manner. We will work closely with your insurance company to maximize your insurance benefits. Any remaining balance that is not covered by your insurance will be due no more than 30 days after payment. Any balances over 30 days will be considered delinquent.

PAYMENT PLANS: Payment plans are available for extensive work. The details of these plans will be outlined as the need arises.

**UCR (USUAL AND CUSTOMARY RATE):** Our practice is committed to providing treatment for our patients and we charge the usual and customary rate for our area. You are responsible for payment in full regardless of any insurance company's determination of usual and customary rates.

**MISSED APPOINTMENTS**: Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our financial policy. Please let us know if you have any questions of concerns. I have read the financial policy above and understand and agree to the financial policy:

|   | Date: |  |
|---|-------|--|
| Signature of patient or responsible party |       |  |

Insurance companies have their own determination of "usual and customary rates" they are often arbitrary and unrealistic.