



## Office Financial Policy

Thank you for choosing Shapiro Family Dentistry, LLC as your dental provider. We are committed to providing you and your family the best dental care possible. In our ongoing process to make sure that all of your dental needs are met, our office staff will be available to discuss our fees and policies with you.

Payments and estimated insurance co-pays for all services will be due at the time services are rendered. We accept cash, checks, Visa, MasterCard, American Express and Discover. We also offer Care Credit financing, which allows interest free payments for 6-12 months. We offer our patients without insurance a 10% courtesy off services.

### FOR PATIENTS WITH INSURANCE:

- 1) As a courtesy to you, we will bill your insurance carrier, although you are ultimately responsible for your bill.
- 2) Most insurance carriers have a maximum amount they will pay each year. Once that amount has been reached, all expenses are the responsibility of the patient.
- 3) Per your request, we are happy to send a pre-determination of benefits to your insurance company for any treatment you need to find out your estimated costs for services.
- 4) Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.

### MISSED APPOINTMENTS:

Your time with us and the quality of your care is extremely important to us. You may be subject to a \$50 missed appointment fee if:

- 1) You do not notify us at least 24 hours prior to your appointment time.
- 2) You do not show up for your scheduled appointment.

I understand the above information and will be responsible for myself/my child.

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Patient Name (Please Print)

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Signature of responsible party

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Date