

Financial Policy

Welcome to Dr. Cemarka's office...

Thank you for selecting our office. We look forward to making your visit pleasant. Our office and procedures have been designed to put you at ease and our staff is devoted to your comfort. We truly care about your needs and are positive you will feel relaxed in our office. Before initiating treatment, we will discuss your dental care with you in detail and answer all your questions.

Patients with Dental Insurance:

To prevent any misunderstanding, we would like to inform you of our Financial Policy prior to your treatment. It is important that you know all fees for services are your responsibility. As a courtesy we will be happy to assist you in billing any insurance you choose to utilize. Your Insurance benefits are a contract between your employer and the Insurance Company, therefore it must be understood that we are considered a "third party". It is our Financial Policy to collect payment for all portions of our fees that are not covered by insurance at the time of service. Our staff will inform you of your **estimated insurance portion** prior to beginning treatment. In the instance that your insurance company pays less than expected, we will submit a bill to you. In such case, the remaining balance will be due within 30 days.

Patients without Dental Insurance:

We ask for payment at the time of service for all un-insured patients.

Payments:

We offer a multitude of payment options. You may use cash or choose from Visa, Master Card or personal check. For patients interested in longer term financing, we offer the services of **Care Credit**, the leading dental financing company in our industry (www.carecredit.com).

Appointment Policy:

Please give us **24 hours notice** if you need to cancel or change your appointment. Unforeseen emergencies are understandable; however, missed appointments will incur a fee of **\$150.00**.

Thank you for your effort to save your teeth. You have made a wise decision and we are pleased to be a part of the effort. If at any time you have a question, please do contact our office. We are happy to help you.

Signature of Patient or Guardian

Date
