

Financial Policy of Dr. Richard Gromofsky Jr. DDS Inc.

February 28, 2007

The following is our office Financial Policy Statement which we ask all patients to read, understand and sign:

Fees for services, along with unpaid insurance deductibles and co-payments are due at the time of treatment. We accept cash, checks, Visa, MasterCard, Discover, and American Express. Our extended payment plan is Care Credit. This can be arranged through our office. Please ask for details. All credit arrangements are required to be in place prior to treatment beginning.

Patients with dental insurance benefits are required to present their insurance card and information upon arrival yearly or if benefits have changed. As a courtesy to you, we will be happy to file primary dental claims to your insurance carrier. However, please understand that the financial obligation for dental services is between you and this office. Your insurance benefit policy is a contract between you, your employer, and your insurance carrier. We are not a party to that contract. Our relationship and commitment to care is with you, not your insurance company.

All charges incurred are your responsibility whether your insurance company pays or not. Not all services rendered are covered procedures in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Some plans base the amount of benefit on a chart or schedule of fees arbitrarily developed by their industry. For this reason, you may receive a lower percentage of the reimbursement level indicated in your dental plan booklet. For example, if your plan states that it will pay 80% of the cost of dental treatment, they mean 80% of the fee determined by the insurance company, and not the actual fee charged by the provider. We are committed to comprehensive care. Insurance companies are committed to least expensive alternative treatment. The cheapest treatment is rarely the best. We pride ourselves in keeping our fees within the areas reasonable. We will not however compromise our values and treatment for the benefit of dental insurance.

Insurance claims are sent electronically. We usually receive payment within 30 days of submission. If we have not received payment from your carrier after 90 days you are required to pay the balance to us and receive payment directly from your insurance company.

I have read and understand this policy.

Signed: _____ Date _____