

Patient Financial Arrangements

Dr. DiSanto-Rose and his team of highly skilled dental professionals would like to welcome you to our practice. We are committed to providing the best dental care for you. Dental treatment is very important to your health and should not be postponed by financial concerns. Untreated dental needs can often lead to more expensive and painful problems. Therefore, we offer several financial options for our patients.

1. Payment is due at the time of the visit: We accept Cash, Checks, Visa, Master Card, Discover and Care Credit. Save 5% by paying in full at the time of visit, for procedures totaling over \$1000.00 if not paying with Care Credit or using dental benefits. Patients who are 65 or older will save 5% regardless of the amount, if paid in full at the time of the visit.
2. Care Credit: We offer Care Credit, a third-party billing agent. If approved, Care Credit offers no interest payment plans up to 18 months, as well as low interest payment plans up to 60 months. Applications and payment schedules are always available. The previously mentioned discounts do not apply when using Care Credit.
3. Easy Pay Plan: For direct payment insurance plans, once payment has been received any remaining balance can be paid with our Easy Pay Plan. The patient agrees to sign a form for automatic credit card processing. Patients will be notified of the balance which will then be placed on the credit card on file. This is like what one would do at a hotel.
4. Insurance Plans: If you have dental insurance, we will do our best to estimate your co-payment. This along with any applicable deductible will be collected at the time of service. As a courtesy, we will file your primary and secondary insurance. Any remaining balance after 40 days will be placed on the Easy Pay Plan.

FINANCIAL RESPONSIBILITY:

I/We agree and personally guarantee, in consideration of services and materials provided by Gary DiSanto-Rose, DMD, PLLC, to be responsible for payment in full of the dental bill. I understand that my dental insurance is a contract between myself and the insurance carrier and that I am fully responsible for the full amount of all dental treatment provided to myself and family. I understand that there will be a **\$6.00 administrative rebilling fee** for overdue statements. In addition, a **\$55.00 broken appointment fee will be charged** for appointments that are broken or cancelled without providing at least 2 working days' notice.

Patient Signature

Date

____ Easy pay on file

Date_____

Staff initials_____