

Kathleen O'Connor, D.D.S., P.A.

Financial Policy

We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care needed to enjoy a healthy and confident smile with respect to your budget.

OFFICE VISITS: Payment is due and payable at the time of service, unless prior arrangements have been made.

INSURANCE: As a courtesy to our patient, we are happy to file the forms necessary to see that you receive the full benefits of your coverage; however, we cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, we ask that all patients be directly responsible for all charges. If for some reason your insurance company has not paid their portion within 90 days from the date of service, you are responsible for payment at that time. Even though we file your claims, we do not accept responsibility for collecting your insurance or negotiating settlements on disputed claims.

PAYMENT OPTIONS:

Cash or Check: We are happy to accept cash, personal checks or money orders for services at the time of visit. We also will accept prepayments in the form of installment payments prior to the date of service.

Credit Cards: For your convenience, we have made arrangements to accept payment by two major credit cards (MasterCard, Visa & Discover)

Payment Plan: For patients who desire a monthly payment plan, we have made arrangements with a financial company. Subject to their approval, there are no application fees or down payment requirements and the simple loan will be interest-free to you for the first three (3) months. We pay the interest for that three (3) month period.

NOTE: All computer generated printouts of estimated insurance breakdowns are based on the percentages of coverage for each category of service. This information is given to us by your insurance company upon confirmation of coverage prior to your visit. Your insurance company offers us no guarantee of coverage or payment until reviewing each claim once submitted. This rule also applies to all pre-authorizations. We are not responsible to keep track of maximum benefit utilized for the year due to the possibility of utilization in other offices.

I AGREE TO PAY KATHLEEN O'CONNOR, D.D.S., P.A. FOR SERVICES RENDERED ON MY BEHALF OR MY DEPENDENT IN THE MANNER STATED ABOVE. I ALSO AGREE THAT IF I DEFAULT ON A PAYMENT, THE ENTIRE BALANCE SHALL BECOME IMMEDIATELY DUE AND PAYABLE AT THE DISCRETION OF THE CREDITOR. IN THE EVENT THAT PAYMENTS ARE NOT RECEIVED BY THE AGREED UPON DATE, I UNDERSTAND THAT A 1-1/2% CHARGE (18% APR) MAY BE ADDED TO MY ACCOUNT. I AGREE TO PAY ALL REASONABLE ATTORNEY OR COLLECTION AGENCY FEES IF MY ACCOUNT BECOMES DELINQUENT. ALL DELINQUENT ACCOUNTS WILL BE REPORTED TO A CREDIT REPORTING AGENCY. I CERTIFY THAT I HAVE READ AND ACCEPTED ALL TERMS SET FORTH ON THIS FORM AND HAVE RECEIVED A COPY OF THIS STATEMENT.

Signature

Date