



**MICHAEL P. MARFORI, D.M.D.
PEDIATRIC DENTISTRY**

Financial and Appointment Policy

We are committed to providing our patients with the most comprehensive and quality dental experience. We ask that you review our financial and appointment policy and sign at the bottom. If you have any questions, please feel free to ask one of the staff members for further information.

Appointments and Cancellation Policy

Our office requires that all children need to be accompanied by an adult at all times in case of any emergency. If an adult other than the parent/guardian will accompany them to the appointment, please sign a permission form.

Since appointed times are reserved exclusively for each patient **we ask that you please notify our office 48 hours (2 business days) in advance** of your scheduled appointment time if you are unable to keep your appointment. Another patient who needs our care could be scheduled if we have sufficient time to notify them. **We reserve the right to charge a \$50 fee for any missed appointment or under 48 hours notice. (Note: Insurance does not cover this fee)**

We value your time and strive to be on time for all of our patients. We ask that patients respect our time as well. In order for us to maintain our daily schedule, if you are late we reserve the right to reschedule the appointment. There are times when our schedule is delayed in order to accommodate an injured child or any emergency. Please accept our apology in advance should this occur during your appointment. We will do the same if your child is in need of emergency treatment.

Broken or missed appointments affect many people. If three (3) broken/missed appointments occur, our office reserves the right to **NOT** schedule any subsequent appointments.

Financial Obligations

Payment for professional services is due at the time dental treatment is provided. We accept cash, Visa, MasterCard, Discover, American Express and Care Credit. If you have insurance we will gladly process your claim. **We request that you pay your ESTIMATED portion when services are rendered. Any amount not covered by your insurance or any difference in the estimated portion is the parent's or guardian's responsibility.**

After attempts to collect outstanding funds and a 90-day grace period from the time of service, parents/guardians not fulfilling their financial obligation will be sent to collections.

Prior to completing any treatment, we will provide you with and treatment plan which will outline total fees, estimated insurance coverage and your estimated patient portion at the time of service. ***Please note: This is only a general estimate based on generalized information received from your insurance company.***

An updated billing statement from our office will be sent to you after your insurance company has paid its portion. We appreciate you settling such remaining balances at our earliest convenience. After 30 days, a finance charge of 1.5% will be assessed to any outstanding balances. Certainly if any overpayment has occurred, a prompt refund will be issued.

The parent (legal guardian) accompanying the child is responsible for payment independent of what a divorce decree may state. Reimbursement must be made between the divorced parents. We will not intervene.

Financial Information

Upon your first visit, we will request a copy of your dental insurance information to allow us to file your claim for this and future visits. Please remember to bring all dental insurance information, as well as insurance card(s) to every dental visit. We also ask that you **contact us immediately** after making changes to your dental coverage, so we keep our records current to help provide expeditious reimbursement of your benefits.

Financing Program

To help make your child's dental care financially manageable we also offer the option of interest-free financing through Care Credit. Apply by calling 1-800-365-8295 or visit their website at www.carecredit.com. If you have any questions, our staff would be happy to assist you in the application process.

Dental Insurance Please note the following in regards to your dental insurance.

Dental insurance is a contract between, you, your employer and your insurance carrier. We are **NOT** a part of that contract. As a courtesy, we will be happy to file your insurance benefits and accept assignment of benefits directly from insurance companies for their covered percentage of each procedure. You must be familiar with your insurance benefits, as we will collect from you the estimated amount insurance is not expected to pay. Due to the fact that Dr. Marfori is **not** a preferred PPO provider for most insurance (out of network provider), many insurance carriers will not reimburse our office. In this instance, you will be responsible for the full cost of the visits at the time services are provided and your insurance company will send you the reimbursement check directly. Please check with our office staff to see if your insurance carrier is on our list.

Any amount determined not to be covered by your insurance company is payable at the time of services are rendered; these fees may include deductible, co-payment or certain procedures not covered by your insurance policy. Our office has no control over how an insurance policy provides coverage for treatment. Should you be unhappy with your particular coverage, please contact your employer's human resource department to inquire about possible policy changes or upgrades.

I agree that I am fully responsible for the total payment of all procedures performed in this office- this includes any treatment that is not a benefit of any dental insurance that I may have. I understand that any estimated portion, not covered by insurance, is due at the time services are rendered. I understand that all services are due to be paid within forty-five (45) days of the date of service, regardless of whether or not my insurance benefits have been received.

Thank you for taking the time to understand our office policies. We look forward to years of close association with you, as we work to maintain your child's oral health!

Parent/Guardian Signature