

Calderon Dental Care

Financial Policy

1221 Sunrise Hwy., Bay Shore, N.Y. 11706
(631)666-1392 * Fax (631) 666-1520 * Website: mecdental.com

Thank you for choosing our office for your dental needs. Obtaining dental treatment is very important for your overall health, but using dental insurance can be confusing. Our financial policies are designed to help patients maximize their insurance plan benefits, and make filing claims easier.

- Payments are due on the day of treatment and before services are rendered. If we except assignment of insurance payment, the amount not covered by your insurance is due the day of treatment (your portion will be estimated). Total payment is due each visit. You may find it more convenient to pay in full at the time of treatment, and we will direct your insurance company to pay you.
- This office will file insurance claims for you. However, our office does not guarantee payment or coverage by your insurance company. Your dental plan is an arrangement between you, the enrollee and the insurance company, or your employer. Dental insurance usually pays only a portion of the charges and we urge you to be fully aware of the provisions of your dental plan. Any requirements for prior authorizations establish the limits on your plan.
- Please be advised that this office does not contact your insurance company before your visit to confirm benefits, or keep track of your annual maximum. If you have any questions regarding coverage for procedures performed at this or any other visit you must contact your insurance carrier prior to the visit.
- Cash, Certified Check (Only), Visa, Master Card, American Express, Discover, are acceptable methods of payment. **WE DO NOT ACCEPT PERSONAL CHECKS.**
- In the event you are unable to make a payment by any methods outlined above, you can ask for information about third party lending institutions to assist you in paying for your dental treatment. Care Credit offers 3 to 18 months NO INTEREST financing for approved applicants.
- There is a **\$25.00** collection fee for accounts over 90 days that are sent to our outside collection agency.
- All minors shall be accompanied by an adult.
- **ALL SALES ARE FINAL. X**
- **Since our time with our patients is very precious to us and lost time is irretrievable, we must charge for broken appointments when we have not been notified at least 24 hours in advance. Our charge for broken appointments is \$30.00. In addition, you must give 48 hour notice for all appointments scheduled for one hour or there is a \$50.00 charge for time reserved which includes any major treatment. For procedures that are scheduled for two hours or more (i.e. Zoom Bleaching, Implant Surgery, Orthodontics, Surgical Extractions, Bridgework and/or periodontal surgery) a \$150.00 charge will be assessed.**

I hereby authorize Dr. Mike Calderon to release to my insurance company, information acquired in the course of my dental care. I hereby authorize benefits to be payable to Dr. Mike Calderon. I understand that my dental insurance is being accepted as partial payment. I agree to accept financial responsibility for co-payments, deductibles and any cost that my insurance does not cover, will be my personal responsibility. I have read and agree to this Financial Protocol and understand that the time at which I undergo treatment I am consenting and agreeing to this obligation. I was explained in English and Spanish.

Print Patient Name: X _____
Signature of Patient or Guardian: X _____
Date: X _____