

FINANCIAL POLICY

Michael A. Izzo D.D.S. P.C. 1310 Warwick Ave. Lincoln Park Michigan 48146

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract. If payment from your insurance company is not received within 60 days from date of service, you will be expected to pay the balance in full.

Missed Appointment Fee: Please call with at least 24 hrs. notice if you need to cancel or change an appointment. There may be a \$75.00 charge if a cancellation occurs without 24 hrs. notice. Your appt. time is reserved for you; we respect your time and ask that you do the same for this office.

Monthly Statement: If you have a balance of more than \$20.00 on your account, we will send you a monthly statement. It will show any new charges to the account and any payments or credits applied to your account during the month.

*****Payment options if you have no insurance: I choose to pay by (circle one) cash check or credit card on the day that services are provided.

*****Payment Options if you have insurance: I choose to pay my co-pays and deductibles on the date of service by (circle one) cash check or credit card.

Payments: Unless other arrangements are approved by the Dr. or our financial manager, the balance on your statement is due by the date listed on the statement and is considered past due if not paid by said date.

Charges to your account: We reserve the right to cancel your privilege to make charges against your account at any time. Services will be provided but must be paid for in full on the date of service.

Contracted Insurance (PPO Provider}: If we are contracted by your insurance company, we must follow our contract and meet their requirements. We must collect any and all deductibles and co-pays. If you have a co-pay or deductible, you must pay it at the time of service. It is the insurance company that makes the final determination of your eligibility and covered services.

Non-contracted insurance: Insurance is a contract between you and your insurance company. We are not a party to this contract. In most cases, we can act as a third party and bill your insurance as a courtesy to you. We can only estimate what your insurance company may pay. It is the insurance company that makes the final determination on eligibility and covered services.

Required payments: Co-payments and deductibles are required by your insurance company and are not negotiable. We are not allowed to waive deductibles and co-pays with a contracted insurance.

Returned Check Fee: There is a \$25.00 returned check fee for any check returned for insufficient funds by the bank. This charge is in addition to any fees your bank may charge you.

Workers Compensation/Auto Accident Claims: If your claim is denied, you are responsible for payment in full of your account.

Patient Name Printed _____ Patient Signature _____

Date _____ Contract is in effect as of date signed.*****Circle one/see above