

Louis V. Guariglia, D.D.S.
Beth M. Goldberg, D.D.S.

Office Policies and Procedures

We are pleased that you have chosen Dr's Guariglia and Goldberg's office for your dental needs. Our primary objective is to deliver the finest and most comprehensive dental care available. An important part of our job is making the cost of optimal care as easy and manageable for out patients as possible by offering several payment options.

This letter is to briefly explain our billing and payment policies and to provide assistance in making your experience at our office as pleasant as possible.

If you have insurance, it is your responsibility to ensure that we participate with your plan. If we participate in your plan, we will submit your claim to your insurance provider on your behalf. Our staff will ask you for insurance information at each of your visits. Your cooperation in giving complete and accurate information will help to get your insurance claim paid quickly.

Regardless of the type of insurance coverage, patients are ultimately responsible for payment of their dental bills. Although we will bill on your behalf and make all reasonable efforts to obtain payment from your insurance company, we will look to you for payment in full if they reject the claim or delay payment beyond 90 days. We require that we have your social security number on file for insurance and billing purposes.

Patients are responsible for submission of any secondary insurance.

Payment of all known deductibles, co-payments, non-covered services and patients with out insurance will be required to pay when service is rendered. We also ask for all previously unpaid balances to be paid prior to a new visit.

It is our office policy that if you cancel with less than 48 hours notice or break an appointment 3 or more times a fee of \$40.00 will be charged to your account. If appointments are continuously missed we reserve the right to end our relationship and will recommend another dental office for your treatment.

Payment Options

We accept all major credit cards, checks or cash. \$40.00 will be charged for returned checks.

We offer NO INTEREST payment plans from Care Credit. If you are interested in this option please ask the front desk for more information.

We also offer an in house payment plan, which payments are made in thirds for treatment priced over \$500. A credit card number needs to be on file for this option.

Thank you for your assistance and understanding of our payment policy. We are concerned with your care first and payment for that care ensures that we can continue to provide the quality treatment that you and the other patients expect.

 Patient Signature: _____ Date: _____

Relationship to Patient: _____