

Mianecki & Carlino D.D.S., P.C.

Office Policy

FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. 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 you need. The following is a statement of our financial policy.

- All patients must complete our Patient Information Form before seeing the doctor or hygienist.
- Full payment is due at time of service.
- We accept cash, check, and all major credit cards.
- We do offer an extended payment plan with prior credit approval. There are no application fees and the loan can be interest free.

DENTAL INSURANCE

We are happy to file the necessary forms to see that you receive the full benefits of your coverage. However, we cannot guarantee any estimated coverage.

UCR (Usual and Customary Rates)

Our fees are based on what is usual and customary for our area. You are responsible for paying the bill in full, regardless of your insurance company’s determination of usual and customary rates.

MINORS

The adult accompanying a minor and the parents/guardians are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, charge card, or payment by cash or check is presented at time of service.

MISSED APPOINTMENTS

We ask that 24 hour notice be given for cancellation of appointments. Please help us to serve you better by keeping scheduled appointments.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read, understand, and agree to the above financial policy.

Patient or Responsible Party Date

Co-Responsible Party Date