

Financial Options

(Please read, sign and return.... Thank you)

Our commitment is to provide quality dental care to the entire family through exceptional service and the utilization of advanced technology

Methods of payment

Cash, Check, or Credit card (MasterCard, Visa, American Express, and Discover)

Dental Insurance (described below)

Care Credit –a credit card specifically designed for healthcare use (application available)or ***www.carecredit.com***

Citi Health Card-Apply in the office or online at ***www.healthcard.citicards.com*** Both of these plans offer flexible financing. No interest plans may be available ***but with specific requirements in order to receive such arrangement.***

Dental Insurance:

We are pleased you have dental insurance, and our office will assist you in obtaining the maximum benefits specified in your contract. However, your insurance contract is between you, your employer, and the insurance company. ***We consider the patient responsible for the payment of the account.*** If your insurance company agrees to make payment directly to the doctor, we will accept insurance assignment.

We ask that your estimated co-payment and deductible be paid at the time of service.

Not all services are a covered benefit in all contracts. ***Some insurance companies arbitrarily select certain services they will cover. Many plans have exclusions and limitations, which will affect your out-of-pocket expense.*** Whenever possible, we will submit an estimate to your insurance company for an outline of benefits for which you may be entitled.

Billing:

We estimate your co-payment portion based on information given to us by your insurance carrier.

Payment of your portion is expected at the time you are in our office for dental care. ***However, sometimes there is a need to send a statement for the portion insurance has not paid, and this is due upon receipt.***

- ***Beginning 01-01-2011, accounts may also be assessed a \$5.00 per month rebilling fee.*** Please keep us informed if you are having difficulty meeting your financial obligation. For patients requiring extensive treatment, we offer ***short-term payment plans.*** For patients who desire a longer period of time to make payment, an application through the above named health card institutions can be made.

Related Information:

Returned checks are subject to additional collection fees. In the event that the account is not paid and we refer the account to collection, you will be responsible for all fees incurred for collection of the bill (i.e., attorney fees, court costs, and collection agency fees).

Your appointment has been reserved exclusively for you. Any change in your appointment affects many patients. ***24 hours notice is needed to avoid a charge.***

I have read and understand the above information. I understand I am responsible (regardless of my insurance) for any charges incurred from services rendered. I further authorize the payment of dental benefits otherwise payable to me directly to Robert A. Foster, Jr., DMD PC.

Name (Please print) _____ (parent/guardian if patient is under 21)

Signature _____ ***Date*** _____