

Heights Dental Smiles
Susanna N. Zilberman, D.D.S.

FINANCIAL POLICIES

PAYMENT IS EXPECTED AT TIME OF SERVICE

In an effort to provide our patients with flexible payment arrangements, we have several payment options:

Payment by cash, check, Visa, MC, Discover or Am Ex

Automatic monthly credit card plan

Long term *Care Credit* and *Capital One* financing

As a courtesy to our patients, we file for, and accept your insurance benefits, with your guarantee of payment for any amount not covered by your dental plan or not paid within 60 days of treatment date. We will submit a pre-estimate as a courtesy, however if treatment is not completed, there will be an administrative fee for an additional pre-estimate. The fee will be credited back when treatment is completed.

Please do not hesitate to ask questions about any of our office policies, services or fees. We want you to be informed and comfortable with all these matters.

We know your time is important and we make every effort to accommodate your schedule, we ask you respect our time as well. We require 48 hours advance notice of appointment changes. If 48 hours is not given, charges will apply to any cancellations.

I understand the financial policies and agree I am legally responsible for all services rendered to my dependents, and myself including all charges excluded by my dental insurance. I understand that if the account should become delinquent that I am legally responsible for the total account balance, as well as an additional 40% of that amount, which is the collection agency fee. I have read all the information, completed all the answers and I certify all information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or other information, including address, phone numbers or insurance coverage.

Signature of patient /Guardian

Date _____

Please print name