

Financial Policy

Our Goal:

*Our goal is to help remove financial barriers so our patients can receive the dental treatment they need and desire. Prior to scheduling any treatment, we are happy to provide patients with an estimate of costs. Many patients have some type of dental insurance. In much of cases, we are able and pleased to assist you in maximizing your benefits. At your visit, we will ask you for current insurance information. We may ask you to confirm this information at subsequent visits, so we can remain up-to-date and fully informed to serve you. Insured patients will receive cost estimates broken down by insured and uninsured costs. **We ask that you pay uninsured costs the day services are rendered.***

Dental Insurance:

*As a courtesy service to you, our office is willing to accept your insurance benefits toward your bill. As all insurance companies have different reimbursement scales depending on your contract, we can estimate what portion they will cover but never guarantee the exact amount. For example, some insurance companies will only pay for silver mercury fillings (although they have been non-standard care for over 20 years!) on back teeth and downgraded their reimbursement for standard tooth colored composite fillings. Another example is some companies now apply deductibles to preventive care which traditionally was 100% covered without a deductible. There is no way to track and know thousands of plan details which change constantly. If your treatment is extensive, we will be happy to make a comfortable financial arrangement with you including interest free options to finance whatever is not covered. We ask you to leave a credit card and/ or debit card info securely on file with our office. After your insurance company pays your claim, we will automatically bill the balance to your credit or debit card. (unless an alternate financial arrangement is in place). **You are responsible for any services rendered that are not covered by your insurance company.** Please note that this will **NOT** compromise your ability to dispute a charge or your insurance company's determination of payment.*

Our Scheduling Services:

*We schedule one patient per appointment, because you deserve exclusive, personal time with our doctor and staff. We strive to run on time so you won't be kept waiting, and we ask you to arrive for your appointments on time as well. **Please call at least two business days in advance for changed appointments.** Missed appointments without this notification, or repeated cancellations, will incur a cancellation fee of \$50.*

Hipaa Notice of Privacy Practices:

Acknowledgment of Receipt of HIPPA Notice of Privacy Practices

I acknowledge that I have received a copy of Lenox Hill Dental's HIPPA Notice of Privacy Practices.

Credit Card Information:

*Please complete this form if you would like **Irina Starik, DMD** to keep your credit card on file for future payments. We collect your credit card information to simplify the billing process;*

*I _____ (print name) authorize **Irina Starik, DMD** to charge any outstanding balances to the following credit card.*

Cardholder Name: _____

Card Number: _____

Card Type: () Visa () MasterCard () American Express () Discover () Care Credit

Expiration Date: _____ Billing Zip Code: _____

Security Code: _____ (3-digit code on back; 4-digit code on front for AMEX)

Signature

Date