

North Shore Laser Dentistry

18 Jackson Avenue Suite #3A Syosset, NY 11791

(516) 364 – 8899

FINANCIAL POLICY

Dear patient:

Thank you for choosing North Shore Laser Dentistry as for your dental needs and treatment. The following is our Financial Policy, which will help you with your concerns regarding our billing and payment practices.

If you are a private patient all payments are due at the time of service unless the other agreements or payment plans were discussed and agreed upon.

If you have insurance, we will try to maximize your reimbursement. However, you are responsible for knowing your insurance benefits. We are trying to estimate your out-of-pocket expenses ahead of treatment as close as possible, but you are responsible for deductibles, co-insurance and non-covered amounts at the time of service.

With some instances, insurance checks with the payment for your treatment might be send to patient directly, not to the office. This check is a part of payment for your treatment and must be forwarded to the office.

Remember that insurance authorizations are NOT a guarantee of payment. If your insurance will deny a claim because of their policies or yearly limits, we will contact them in attempt to clear up any possible missing information, but if your insurance doesn't pay within 60 days after submitting a claim, unpaid balance will be transferred to you and will become your liability.

Any billed residual balances are due within 30 days from the statement date. Interest on a past due balances will occur at 1.5% monthly rate and will be added to your total balance. There will be \$35 fee per returned check. Should your account become delinquent, it will be transferred to a collection agency and you will be financially liable for the cost of collection and/ or legal fees.

Full Name _____

Signature _____ Date _____

