

FINANCIAL POLICIES



PAUL SCHWARTZ D.D.S.

We value our relationship with our patients. We work hard to maintain fair and transparent fees and policies. Our staff is available to assist with understanding your account and payment options. To avoid misunderstandings, please read and sign below.

PAYMENT IS DUE AT THE TIME OF TREATMENT INCLUDING INSURANCE COPAYS AND DEDUCTIBLES

- Forms of payment: cash, check, Visa, Mastercard, Discover and American Express
- Alternate payment arrangements may be considered for complex treatment plans.
- Unaccompanied minors should be prepared to make payment at the time of treatment.
- \$35 fee will be assessed for returned checks.
- Nonessential treatment may not be scheduled or may be cancelled due to past due balances.
- Financing is available through CareCredit.

INSURANCE

- Is processed as a courtesy. Patients are responsible for deductibles and copays. It is customary that a portion of treatment is covered by insurance; you are responsible for the amount not paid by insurance.
- Your insurance is a contract between you, your employer and your insurance provider. We are not a party to that agreement.
 - ✓ Plan coverage percentages and allowable services
- If we do not receive payment from your insurance within 90 days you are responsible for payment of treatment fees and collecting benefits directly from your insurance provider.

RESPONSIBLE PARTY

- Patient or insurance Holder is considered the head of the household and therefore responsible for all members of the account.
- Custodial parent accompanying minor at time of initial treatment is responsible for the minor's account unless otherwise specified.
 - ✓ Paul L. Schwartz DDS, Inc. cannot be responsible for having knowledge of separation divorce or custody arrangements.
- Parents remain responsible for dependent children until the age of 25 unless otherwise notified.

FEES FOR LATE CANCELLATION AND MISSED APPOINTMENTS

- 48-hour notice is required for appointment changes.
- \$30 fee will be assessed for cancellations with less than 48-hour notice or missed appointments

DISMISSAL FROM THE PRACTICE

- Chronic delinquent balances, late cancellations or missed appointments are grounds for dismissal of all patients on the family account.

Responsible Party or Spouse Signature: _____

Printed Name: _____ Date: _____

Additional Patient Name(s) on Account:

