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## Financial Policy

Our goal is to minimize your out of pocket expenses, but above all else we are committed to providing you with superior dental care. While we never attempt to distinguish ourselves based on cost, we fully understand that affordability is of utmost important to our patients. If you have any questions regarding any of this information, please let us know.

**The following is our Financial Policy, which we require that you read and sign prior to treatment.**

**Self-pay patient charges and all patient portions not estimated to be covered by insurance are expected at time of service.** We accept cash, check, Visa, MasterCard, Discover, American Express, and CareCredit. Fees for consultation appointments will be filed with your insurance company, if applicable, however they are not always covered by insurance.

We are happy to file all services with your insurance company. However, to do this you must provide us with a copy of your insurance card and/or the necessary insurance information. If you do not have your insurance card, you must provide the insurance company's name, phone number to verify benefits, policyholder's name, date of birth, and insurance identification number. Without this information, your account will be treated as self-pay.

We are not an in network provider with any insurance company. Patients are responsible for any portion not covered by insurance. We estimate the patient's portion as best we can but we make no guarantee of insurance coverage. It is the patient's responsibility to verify insurance benefits and limitations.

As a courtesy we do file all charges with your insurance company. Charges not paid by your insurance company within 60 days from the date of service will become due and payable unless other financial arrangements have been made through our office.

We have "Opted Out" of filing both Medicaid and Medicare. We are not allowed to file or help you file with Medicare or Medicaid.

A \$30 service charge will be applied to your account for any returned check. If a check has been returned, we will only accept payment by cash, Visa, MasterCard, Discover or American Express for future services.

We understand that from time to time cancellations and rescheduling appointments occur. We ask that you give at least 24 hours notice for cancellations or to reschedule an appointment. Failure to do so may result in a no show fee of \$50.00.

Please be aware that any unpaid balance over 60 days is subject to collection procedures.

Effective Date: Once you have signed this agreement, you agree to all the terms and conditions contained herein and the agreement will be in full force.

**Patient's name (please print)** \_\_\_\_\_

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**Patient or Guardian's signature**

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**Date**