



**Carole A. Medvesky, D.M.D.**  
**DENTISTRY**  
*The Most Radiant Smiles Under The Sun*

## Financial Policy

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(Please Print Name)

**We are committed to providing you with the best possible dental care.** We also want you to be aware of our financial policy.

Payment is due at the time of treatment. We accept cash, checks, Visa, MasterCard, American Express, Discover and CareCredit.

Returned checks will result in a \$30.00 charge to your account.

Your appointment time is reserved exclusively for you. We require 24 hours notice to avoid a broken or failed appointment fee of \$75.00 per hour.

### Dental Insurance

For our patients who have dental benefits, our relationship is with you, not your insurance company. We do our best to facilitate your dental claims. However, we are not agents of your insurance company. Your insurance benefits are a contract between you and your insurance company. ***We are not party to that contract.***

You are responsible to give us the correct insurance information. If you change your insurance, you are responsible to give us that new information.

For those insurance companies with whom we are “in-network”, any co-pays and deductible payments are due at the time the services are rendered. We will file your dental claim and will make every attempt to collect from your insurance provider. If all collection means have been exhausted on accounts greater than 60 days, you will be responsible for payment. Once your insurance has been paid, if you have a remaining balance, you will be responsible for payment.

**I understand that I am responsible for my account and will assist in any means to collect from my insurance provider. I authorize the release of identifiable personal information and medical records to my insurance company or designated representative.**

**I have read and understand the above policy.**

\_\_\_\_\_  
(Signature) \_\_\_\_\_ Date \_\_\_\_\_