



OUR POLICIES

WELCOME to Battery Park Dental Group. It is our pleasure to have you as our patient. Our commitment is to provide you with the best dental care and to keep you informed of treatment recommendations and financial obligations.

The following are our office policies: **Please initial on each line that you have read and understand each policy:**

General Policy

_____ **Payment is due at the time services are rendered.** We accept Cash, Mastercard, Visa, Discover, Amex & Care Credit

_____ If you are having crowns, veneers, onlays, mouth guards or other work that must be sent to a dental lab, we require 50% deposit on the day the impressions are taken. At your final appointment to receive your crown, inlays, onlays etc., we will ask you for final payment in full.

_____ Outstanding balances over 30 days are subject to 5% interest rate charge per month. Over 60 days, there will be a 10% interest rate charge, and accounts over 90 days will be sent to collections. Accounts over 30 days will incur a rebilling fee of \$10.00. We work in partnership with Care Credit to finance monthly payments (approval process).

_____ I hereby consent to the treatment indicated on my examination form, including the use of anesthetics, sedatives or x-rays as may be deemed necessary by the doctor.

Dental Insurance

_____ With the exception of some preventative procedures such as cleanings and x-rays, your dental insurance company will not fully cover the cost of treatment. **You are responsible for the portion they do not cover, payable on the day you receive treatment.** Typical reimbursements by insurance companies range from 40% to 65%.

_____ Some insurance companies will not reimburse you for white composite fillings. Instead, they reimburse you for less expensive silver/mercury fillings. If you have one of these plans, you may be responsible for up to 60% of the cost of these fillings.

_____ Most dental plans have a deductible that you must pay each year, typically \$50-\$100. Usually the deductible does not apply to preventative work.

_____ Since we will administer hundreds of employer benefit plans, we cannot know the details of every plan. It is the patient's responsibility to know the details of their coverage.

_____ I hereby assign directly to Battery Park Dental Group, insurance benefits otherwise payable to me. I hereby authorize the release of any information relating to any claims. I understand I am financially responsible for charges not paid by this assignment.

Notice of Privacy Practices (HIPAA)

_____ A laminated copy of our office Notice of Privacy Practices (HIPAA) is available in our office and attached to the New Patient paperwork which you are being asked to complete in our office. Upon your request, we will be happy to provide you with your own personal copy of our Privacy Practices. I have read and understand the Patient Privacy Rights information. You may speak to the following concerning my account and any and all treatment until the time I rescind this permission:

Broken Appointments

_____ Your appointment is time reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 48 hours notice. We do not accept cancellations left on the answering machine.

_____ **Cancellations made with less than 48 hours notice, will be charged a \$50.00 fee.**

We hope by presenting our policies to you in the beginning, we will avoid any misunderstandings and, therefore, have more time to dedicate to your dental care. If you have any questions regarding the above information or insurance coverage, please do not hesitate to ask...we are here to help!

I have read and agree to the payment and office policies at Battery Park Dental Group.

Patient signature

Date