

# Periodontal Associates, LLC

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Stamford, CT 06902  
(203) 325-3141

4 Dearfield Dr, Suite 201  
Greenwich, CT 06831  
(203) 661-3733

## FINANCIAL POLICY

1. Payment for services is due before services are rendered. Accepted form of payment includes Check, MasterCard, Visa, Discover, Zelle, Venmo, and CareCredit (please go to CareCredit.com for application **before** your appointment.)
2. **Fees paid for services rendered are non-refundable.**
3. **Returned checks** are subject to a \$35 service fee.
4. **Broken appointment:** A fee of \$100 per half hour scheduled appointment will be applied to any broken appointments and cancellations without 24 hours advance notice. **If you have an appointment exceeding 2 hours, we require 72 hours cancellation notice.**
5. **Overdue Balance:** Account balances are due in full within 14 days from the initial statement date. If you are unable to make payment timely, it is your responsibility to contact our Office Manager immediately for assistance in managing your past due account to avoid possible collection fees and procedures. We also reserve the right to cancel any scheduled future appointments for accounts that are 30 days past due. The annual interest rate for overdue balance is 12%.

### About your dental insurance

1. We are not contracted with any insurance company. As a courtesy, we will help you submit claims. Patients are responsible to follow up with their insurance company for reimbursements. Documents will be provided upon request.
2. Your insurance coverage is a contract drawn up by your employer and the dental insurance company, such that each plan varies widely. Plan specific coverage questions should be followed up with your employer's human resources liaison.
3. Benefit payout by your dental insurance are not guaranteed.
4. If you are filing your own insurance claim, we will gladly provide you with a claim form and detailed documents.
  1. If you have primary and secondary dental insurances, we will submit your claim to both carriers.
  2. We do not submit to medical insurance.

Your periodontal health is important to us, and we value our relationship as your dental care provider. This financial policy is aimed to avoid any misunderstanding and disagreement on your account charges. If you have any question regarding our policy, please do not hesitate to speak with us. We believe that a successful relationship is based on open communication, and we are here to help.

**I understand and agree to the above financial policy of Periodontal Associates, LLC**

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_