PAYMENT POLICY

In compliance with the TRUTH IN LENDING LAW, please be advised that our payment policy is as follows: **PAYMENT IN FULL** is due at time of service. On reconstruction cases, (crowns, bridges, and partials) 90% of the fee is due at time treatment begins, and the balance is due at the time of insertion. We accept cash, check and most credit cards. There will be a $25.00 charge for returned checks.

PATIENTS WITH DENTAL INSURANCE: You will be required to pay your deductible and your portion at time of treatment. You will be responsible for any portion not paid by your insurance company. If, after 60 days, your insurance company has not paid the claim, it is your responsibility to pay the balance and see reimbursement from your insurance company. A finance charge of 1.5% per month will be charged for accounts over 30 days past due. If fees are incurred in order to collect delinquent accounts, those fees will be the responsibility of the patient.

Please provide the following insurance information:

DENTAL (not medical) insurance company: _____

Name of Insured: _____

Insured party's S.S.#: _____ Insured party's date of birth _____

Insured party's Employer: _____

Insured Policy (or Group) number: _____

PATIENTS WITHOUT DENTAL INSURANCE: PAYMENT IN FULL is due at time of service. This office accepts MasterCard, VISA, Discover and AMEX cards. Care credit cards are accepted but additional fees may apply.

PLEASE NOTE: Your appointment times are reserved exclusively for you. Therefore, a fee of $75.00 will be charged for broken appointment, when 24 hours notice is not given.

By my signature below, I authorize the following: (1) Release of any information to process insurance claims and; (2) Payment or benefits directly to Bill Gramzinski, D.M.D., P.C. I fully understand that, after all insurance payments have been paid, I am responsible for the remaining balance of my account. I further certify my signature below that the medical history above is true and accurate to the best of my knowledge and that I have read and agree to the payment policy as listed above.

_____ _____

Signature: Date: