

Kevin Alperstein, D.D.S. Office Financial Policy

Thank you for choosing our office to provide for your dental health needs. Our commitment is to provide quality dental care to the entire family by providing a comfortable environment with exceptional service and the utilization of advanced technology.

Payment for services at the time it rendered is a requirement for us to provide your dental treatment. The following is a statement of our financial policy which we require that your read, agree to, and sign prior to any treatment.

Method of Payment:

We require payment in full by cash, check or credit card (MasterCard, Visa, Discover).

Financing arrangements (such as CareCredit) and other such payment plans need to be preapproved prior to the start of any treatment.

As a courtesy to you, we will file your claim and accept assignment of benefits if you have signed the direct payment authorization form. We request that your estimated co-payment and deductible be paid at the time of service.

If you are unable to keep your commitment for an appointment, we request at least 24 hour notification or a \$50.00 missed appointment fee will be applied to your account. Please understand that when you schedule an appointment time with us, we have reserved this time just to see you.

I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if this account is placed with a collection agency, for collection or any subsequent legal action, to pay an additional collection fee of 35% of the account balance due, as well as any attorney fees and court costs incurred and permitted by laws governing these transactions.

Patient Signature (Parent if minor)

Date