

Our Financial Policy
Please Read, Sign and Return

Welcome To Our Office!

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship.

Because Dental Treatment can be costly, it is important that you, the patient, understand the following;

- ***It is not customary for this office to bill** for Preventive, Diagnostic and certain Restorative treatment. This includes but may not be limited to:
 - *Examinations*
 - *X-Rays*
 - *Oral Hygiene Cleanings*
 - *Sealant and Fluoride Treatments*
 - *Fillings**
- *Office visits are payable at the time of service.*
- *Payment in full is expected upon completion of treatment requiring more than one visit.*
- *For treatments that are more costly, payment arrangements may be made, but must be paid within 30 days or within the terms agreed upon. Otherwise, finance charges will accrue at a rate of 8.5% and will be added to the amount past due, as well as a \$2.50 handling charge per additional statement sent after the first billing.*
- *We accept Cash, Checks, Visa, MasterCard and American Express.*

I understand my signature represents my agreement to make payment for dental treatment in the manner consistent with the Financial Policy of the Office of Dr. Albert V. Biggiani. I also understand that I am responsible for any interest charges that might accrue if in the event I am billed for treatments rendered and my payment is past due. It is my responsibility to pay reasonable attorney fees if my account is referred to an attorney for collection.

8.5% interest will be added to any amount past due

Thank you for understanding our financial policy. If you have any questions or concerns about our fees, our financial policy or your responsibility, please do not hesitate to ask.

Signature of Responsible Party _____ *date* _____