

Office Policies and Financial Agreement

It is our desire to provide the highest quality dental care to everyone. The following is a statement of Dr. Ricardo Tomei Financial Policies. We ask that you please, read, agree to, and sign before any treatment is rendered.

Regarding Insurance

Our Goal is to maximize your insurance benefits. It is Important to understand that the insurance contract is between the insurance company and you, the insured. Dental insurance was not designed to pay for all dental care. Treatment recommended by Dr. Ricardo Tomei and his associates is never based on what your insurance company will pay. Due to pending claims and patient privacy issues, we do not always know how much an insurance company has already paid to another office or specialist, and the balance remaining on a yearly maximum. Please be prepared to show your insurance card and driver's license at the time of your visit. It is the patient's/guarantor's responsibility to provide new information regarding insurance. Our office will gladly submit your insurance claim to your insurance carrier, as a courtesy to you. At the time of treatment, the patient/guarantor is responsible for the estimated portion the insurance does not cover. If for some unforeseen reason your insurance carrier has denied or not made payment within 90 days, the patient/guarantor is responsible for the balance in full. _____(Initials)

RESIN-BASED COMPOSIT RESTORATIONS (Fillings): Most dental insurance plans do not allow full benefits for composites (white fillings) performed on posterior teeth (back molars). The plan benefit will customarily pay for less expensive treatment- AMALGAM (silver/mercury based restoration). For the best of our patients, we recommend and we place only composite-based ("white") fillings. The difference is usually \$50-\$70 per filling and the patient is responsible for the difference in cost. Please ask our front desk or doctors if you need more information about composite-based "white" fillings. _____ (Initials)

Payment Options

Cash, MasterCard, Visa, American Express, Checks

3rd Party Financing (Office Payment Plan)

With prior approval, we are pleased to offer a choice of No interest Or Extended Payment Plan to qualify applicants through Care Credit and Lending Club. If you would like to make extended payments for services provided at our office, please ask any of the front desk personnel for assistance in filling out an application form. _____(Initials)

Cancelled and Missed Appointment Policy

We will make every effort to remind patients by telephone prior to the appointment but please do not depend on this courtesy. If you are unable to keep an appointment, we ask that you kindly provide us with minimum of 24 hours notice. Your appointment time has been reserved especially for you and we strongly encourage all patients to keep their appointments.

Patient Name

Patient Signature Date

(Parent/Guarantor signature if Patient is a minor)