



**Elite**  
Periodontics & Implants

## OFFICE FINANCIAL POLICY

Thank you for choosing our office for your dental needs. Our entire team is committed to providing you with the best possible treatment. Payment for treatment is due at the time services are rendered. Please initial each section once you have read it.

### Payment Options:

1. Cash or Check
2. Credit Card
3. Payment Plan Program
  - a. 60% day of procedure
  - b. Remaining balance will be divided into two monthly payments
4. Care Credit

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### Insurance:

The cost of the treatment will be reviewed with you before your appointment. We will check your estimated benefits given to us by your insurance company. The insurance company does NOT guarantee payment and will only provide an **ESTIMATE**. Pre-determinations whether they are verbal or written, are **NOT** a guarantee of payment by your insurance carrier. Your insurance coverage is a contract between you and your carrier. We are not party to that contract. This is clearly stated on the form the insurance company sends to you. You are ultimately responsible for your account regardless of insurance coverage.

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If your insurance company does not make full payment after treatment is completed, you WILL be responsible for the remaining balance on your account. We will notify you of the balance due and your payment is expected in full at that time.

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Due to our experience with insurance carriers, multiple procedures are considered subject to review and will not be covered. Therefore, when we require supplemental materials, such as bone graft and membrane, they must be paid in full at the time services rendered. After we submit the claim and IF payment has been received from the insurance company, you will be reimbursed.

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### Cancellation Policy:

All of our patients and their time are important to us. In order to accommodate all of our patients in an orderly fashion, our office needs your cooperation. You will receive a confirmation message at least one week in advance. If you are unable to make your appointment, please notify us 48 hours before your appointment. There will be a charge for a broken, failed, or cancelled appointment within 24 hours: \$75 for a hygiene appointment and \$50 per half hour for a surgical appointment.

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**Collection Charge:**

If your account is delinquent over 90 days, it will be turned over to a collection agency. The cost of this will be added to your account.

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**Returned check charge:**

There is a charge of \$50 for all returned checks.

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**Medical Record Transfers:**

Chart notes and any X-rays taken at Elite Periodontics are subject to a transfer charge of \$55.00 upon request. The transfer charge must be paid by the patient before the medical records are sent out of the office.

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Thank you for your patronage. We strive to take excellent care of you.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**LIVINGSTON OFFICE**

160 S. Livingston Ave., Suite 110  
Livingston, NJ 07039  
T: 973 994-9995  
F: 973 994-1991

**ROSELLE PARK OFFICE**

744 Galloping Hill Rd.  
Roselle Park, NJ 07204  
T: 908 245-3500  
F: 908 245-3985