

Gerald A. Cioffi, D.M.D., M.S. 767 Blanding Blvd., Suite 108
Specializing in Oral Medicine Orange Park, Fl. 32065

FINANCIAL POLICY

Payments: It is the responsibility of the patient or guarantor seeking treatment to pay any deductible, co-insurance, or co-pay amounts at the time services are rendered. We accept cash, personal checks, Master Card and Visa. Returned checks are subject to a \$35.00 fee and you may lose your privilege to write checks for any future visit.

Filing Insurance: If your insurance is not one we have an agreement with, a claim will be filed for you as a courtesy, if requested. It is your responsibility to verify with your insurance company that we are on your participating provider list. We will allow 45 days for your insurance company to settle your account. If payment has not been received within the 45 days, please be advised the balance on your account will then become your responsibility to pay in full.

Children, as patients, of divorced parents: Payment is due at the time of service no matter who is responsible by order of the Divorce Decree.

Financial Agreement: We will gladly discuss the cost of your proposed treatment and do our best to answer any questions relating to your insurance. You must realize, however, that:

1. ***Your insurance is a contract between you, your employer, and the insurance company.*** We are not a party to that contract.
2. We make every effort to meet the requirements of the different insurance companies, but you are ultimately responsible to know what your policy covers and requires.

***3. **We are a mercury-free/amalgam-free practice.** We use the highest quality and most state-of-the-art restorative materials. Some insurance companies will only provide a benefit of an amalgam filling towards posterior (back tooth) restorations. You will be responsible for the difference.

4. **BROKEN APPOINTMENTS:** There will be a \$35.00 per hour charge without 24 hour advanced notice.

We must emphasize that as a health care provider, our relationship is with you and not your insurance company.

We realize that emergencies may affect timely payment on your account. If such extreme cases do occur, please contact us promptly for assistance. In the event your account goes to a collection agency, an additional 50% collection fee will be added to your account and you will no longer be eligible to obtain dental/medical services from us.

I have read and understand the above Financial Policy.

Signature of Patient or Responsible Party

Date