

HP DENTISTRY

Patricia Pasnikowska DMD and Kambiz Mohajer DMD

875 Mamaroneck Ave, Ste 402 / Mamaroneck NY 10543 / 698-4455

WRITTEN FINANCIAL POLICY

Welcome to our office. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients by offering several payment options.

Payment Options: Check /Visa / MasterCard

We also have Care Credit which allows you to pay over time with little or no interest, and no prepayment penalties

We offer a 5% courtesy to patients who pay for their full treatment with cash. Only for out of network patients.

We accept payment in thirds for treatment over \$500.00.

We require payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For Patients with dental insurance we are happy to work with your carrier to maximize your benefit and provide you with documentation you need to receive reimbursement.

There will be a \$30.00 charge for returned checks.

Appointment Cancellation Policy

I am aware that the office requires a 24 hour cancellation notice for each scheduled appointment, and that it is my responsibility to provide timely notice. If I fail to acknowledge the 24 hour policy, I will be charged 50 % of the cost that was planned for that missed appointment. Maximum \$200.00

_____Please Initial

PATIENTS with INSURANCE

I assign all dental benefits and authorize my insurance carrier to issue payment directly for services rendered to Dr. Pasnikowska. I understand Dr. Pasnikowska will bill insurance carrier directly. However, if insurance carrier denies any claims, I understand I will be held responsible for payment. I further authorize release of my dental records if needed to process claims._____Please Initial

Patient, Parent or Guardian Signature

Print Name

Date