

Robert J. Ryan, D.D.S., PC.
Financial Policy

Thank you for choosing our office for your periodontal care. We are committed to your treatment being successful. We feel that open communication between the patient and the periodontal office is an important part of successful treatment. The following is a statement of our financial policy which we require you to read and sign.

FULL PAYMENTS IS DUE AT TIME OF SERVICE

We accept cash, checks, Visa, MasterCard, and Discover. For payment of extensive treatment, payment arrangements must be made before procedures are performed.

INSURANCE COVERAGE

We accept assignment of insurance benefits from your insurance company **provided they remit in a timely manner**. We do require that the portion of your treatment not covered by insurance be paid at the time of service. This will be an estimated amount. The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and the insurance company. Our office is not a party to that contract. We will be happy to bill the insurance company for you. Please be sure to give us the correct insurance company information. If your insurance company has not paid your account within 90 days, you are responsible for paying the full amount. After 90 days we will either automatically activate the financial credit contract you have authorized, or charge your credit card. Our office is not equipped to service loans.

USUAL AND CUSTOMARY RATES

We are committed to providing the best treatment for our patients and we charge what is usual and customary for services of this quality. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary fees. A late fee will be added to account balances that are 90 days or older.

MISSED APPOINTMENTS

Unless canceled 24 hours in advance, our policy is to charge for missed appointments. Please help us serve you better by keeping scheduled appointments. We will make every effort to confirm your appointment time the day before you are scheduled, but it is your responsibility to show for appointments that you have scheduled.

Thank you for understanding our financial policy. If you have any questions or concerns, please feel free to ask for clarification.

I have read and understand the Robert J. Ryan, D.D.S., PC. Financial Policy.

Signature of responsible party

Date