NORTHPORT
PERIODONTICS
& IMPLANT DENTISTRY

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Financial Policy

Written Financial Policy

Thank you for choosing Northport Periodontics and Implant Dentistry. Our primary mission is to provide the highest quality care in a warm and friendly environment. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

Our office accepts:

- Cash/check, Visa®, MasterCard®, American Express®, or Discover Card®
- CareCredit®

Please note:
All payments are required at the time of service unless other arrangements are made in advance.

Northport Periodontics and Implant Dentistry accepts several dental benefit plans. For patients with these dental insurances, we are happy to submit the claims necessary to your carrier to see that you receive your benefits. **Please note that dental insurance is intended to cover some but not all dental care costs, and not all services are covered by your plan. You are ultimately responsible for all charges. We cannot guarantee that any coverage estimated by your plan will be paid once a claim is filed.**

Please remember your insurance policy is a contract between you and your insurance company. We are not a party to that contract. It is up to you to contact your insurance company and inquire as to what benefits your employer has purchased for you. If you have any questions concerning the pre-treatment estimate and/or fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf.

It is understood that the patient/responsible party agrees to be fully responsible for payment of services regardless of whether benefits are denied in whole or part due to eligibility or plan limitations.

I have reviewed the above statement, and I understand that I am responsible for all costs of dental treatment regardless of insurance coverage.

A fee of $50 is charged for patients who miss or cancel appointments without notifying us 48 business hours prior to the scheduled appointment.

By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions of these financial policies.

_____ _____

Patient Signature **Date**