



OTTAVIANO
DENTAL

FINANCIAL POLICY

Thank you for choosing **Ottaviano Dental** for your dental care. Our goal is to provide high-quality treatment while maintaining clear financial policies for all patients. Please review the following information carefully.

PAYMENT RESPONSIBILITY

Payment is due at the time services are rendered unless prior financial arrangements have been made. We accept cash, check, credit/debit cards, HSA/FSA, and Third-Party Financing (if applicable)

INSURANCE

As a courtesy, we may submit insurance claims on your behalf. However:

- Dental insurance is a contract between you and your insurance company.
- Estimated patient portions are due at the time of service.
- We cannot guarantee coverage or payment by your insurance carrier.
- Any balance not paid by insurance remains the responsibility of the patient.

If your insurance company does not pay within **45 days**, the remaining balance may become due immediately.

Ottaviano Dental

107 Monmouth Road, Suite 107, West Long Branch, NJ, 07764

P: (732) 389-1110



OTTAVIANO
DENTAL

CO-PAYMENTS AND DEDUCTIBLES

All co-payments, deductibles, and estimated balances are due at the time of treatment.

MISSED APPOINTMENTS / LATE CANCELLATIONS

We kindly request at least **24-hour notice** for any appointment cancellation or rescheduling.

Appointments canceled with less than 24-hour notice, or missed appointments without notice, will be subject to a **\$100 cancellation fee**.

Repeated missed appointments or late cancellations may also result in:

- A cancellation fee
 - A deposit requirement for future appointments
 - Limited scheduling availability
-

RETURNED CHECKS

A fee of **\$ 75** will be charged for returned checks.

FINANCING

For larger treatment plans, financing options may be available through: Proceed, CareCredit, Cherry, Sunbit, or other approved financing programs. *Approval is subject to the financing provider's terms and conditions.

Ottaviano Dental

107 Monmouth Road, Suite 107, West Long Branch, NJ, 07764

P: (732) 389-1110



OTTAVIANO
DENTAL

COLLECTIONS

Accounts with unpaid balances may be referred to a collection agency or attorney after reasonable collection efforts have been made.

The patient may be responsible for: collection costs, attorney fees, court costs, and interest permitted by law.

MINORS

A parent or legal guardian accompanying a minor is responsible for payment at the time of service.

ACKNOWLEDGMENT

I have read and understand the Financial Policy of **Ottaviano Dental** and agree to the terms stated above.

Patient Name: _____

Signature: _____

Date: _____

If signed by representative:

Representative Name: _____

Relationship to Patient: _____

Ottaviano Dental

107 Monmouth Road, Suite 107, West Long Branch, NJ, 07764

P: (732) 389-1110