

Dr. Schwartz, D.D.S, P.A.
Office Financial Policy

The Following Is Intended To Explain Our Office Financial Procedures.

Cancellation Policy: Failure To Provide 24 Hour Notice Of Cancellation Will Result In a Charge Of \$40.00.

Return Check Fee \$25.00

Emergency Treatment: Please Make Payment In Full At The Completion Of Your Visit.

Payment In Full Is Due At The Completion Of Every Office Visit.

If Insured, We Require The Patient To First, Make Payment In Full Directly To Edward Schwartz, D.D.S And Then Subsequently, To Seek Reimbursement From Their Insurance Provider. (With The Exception Of Aetna PPO, Blue Cross-Shield PPO, Delta PPO. Humana PPO, Metlife PPO Of Which We Are Providers For.) **Your Insurance Is A Contract Between You And Your Insurance Carrier.** We Will File Your Insurance Claim As A courtesy. Payment From An Insurance Company Is Expected Within 30 Days Of Billing. We Would Appreciate Your Cooperation Should It Be Necessary To Inform Your Insurance Carrier About A Late Payment. Some Treatments May Necessitate Special Financial Arrangements.

I Have Read And Understand The Financial Policy Of This Office

(Signature Of Patient)

(Date)

(Witness)

(Date)