

# FINANCIAL POLICY

Thank you for selecting us as your personal dental care team. To promote a long-term mutually satisfying relationship, we would like to explain our office policies regarding treatment, Insurance, appointments and fees. Please read this carefully and feel free to ask any questions or bring up any concerns you may have. Our friendly office staff is here to help you.

## Treatment

Dental treatment is an excellent investment in an individual's medical and psychological well being. Financial considerations should not be an obstacle to obtaining health services. If your insurance company rejects a claim or refuses to pay for a service, it is not a reflection of how important a service is. We will however, always offer alternate treatment options that may better fit your health care budget.

## Insurance

As a courtesy to you we will submit all insurance claims on your behalf and any follow-up processes that may be necessary. Our staff prides itself in helping our patients maximize their benefits. We strongly advise you, as our patient, to familiarize yourself with your dental coverage and benefits. You must remember, dental insurances are designed to offset the cost of your dental treatment. Ultimately, the patient is fully responsible for the charges for the treatment rendered.

We make NO GUARANTEE OF THE ACTUAL PAYMENT BY YOUR INSURANCE COMPANY.

We accept Check, Cash, Money Order, Visa, MasterCard and Discover.

We offer interest free extended payment plans through Care Credit.

Please Note: Our office has a **48 hour cancellation policy**. Your appointment time is reserved especially for as our patient to provide you with outstanding care. We strive to provide you with a two day courtesy reminder via email, text or call: however it is ultimately your responsibility to remember your appointment. There is a \$50.00-\$100.00 fee for missed or cancelled appointments with less than 48 hours notice. \*For sedation cases or appointment times that require 2 or more hours we may request a pre-prepayment to reserve the allotted time.

To avoid increases fees to all our patients, any account balance over 30 days will accrue finance fees. All accounts over 90 days will be notified in writing of their account being transferred to a collection agency. Additional fees will then be assessed and billed by the collection agency. Returned check will result in a \$45.00 charge to your account.

## Photo Consent

**I hereby grant permission to Dr. Taormina to use my photograph(s) and any testimonial I give regarding the dental care I receive from any such office, in any marketing consents, advertising or teaching materials used to market or advertise his/her dental practices including use on Dr. Taormina's website. I acknowledge discretion. I also acknowledge that the doctor may choose not to use my photograph(s) and/or testimonial at this time, but may do so at his own discretion at a later date. I also understand that once my image is posted on Serenity Advanced Dentistry's web site, the image can be downloaded by any computer user, which is beyond the control of the doctor. I will hold him/her and any of his affiliated offices harmless from any such use or download. I hereby freely and voluntarily consent to the use of my photograph(s) and testimonial as stated above until I revoke this consent in writing.**

Please check this box if you would not like your photograph(s) and/or testimonial used in any way.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**To revoke this consent in writing, please contact:**

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