

**NYC DENTAL PRO**

45 Rockaway Parkway, Valley Stream, NY 11580.

**DR. VENKATESH DENTAL CARE, P.C.**

**FINANCIAL AGREEMENT**

Dentist's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Thank you for choosing Dr. Venkatesh Dental Care PC for your dental needs.

The following is our payment policy which we require you to read and sign prior to your visit(s). Patients have many different types of insurance and payment options for services rendered. To ensure that we have accurate information to process your claim, we will make a copy of your dental insurance card at the time of your appointment.

You are required to inform us immediately of any changes in demographic information or medical/dental insurance information. Patients without insurance are required to pay in full at the time of service.

We understand that financial hardships may affect your ability to pay in full. We will always do everything we can to work with you, Please ask to speak with our office manager to discuss a satisfactory arrangement.

**Participating Plans**

You must present your insurance card, and if applicable, your insurance referral form, at every visit. We will submit bills directly to your insurance company payment on your behalf. Patients without insurance cards or proper referrals will be asked for full payment at time of service. All co-pays, deductibles and noncovered services will be collected at time of service.

**Non-participating Plans**

If your provider does not participate in your insurance plan, you are responsible for payment of all charges at the time of your service. We can submit the claim directly to your carrier or a claim can be mailed to you.

Payment in full is due at the time of service for non-medically necessary services and/or cosmetic services.

**Usual and Customary Rates**

Your insurance policy is a contract between you and your insurance company. Our practice is committed to providing the best treatment and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

**Payment**

For your own convenience, the following payment methods are accepted: Cash, Visa, MasterCard, American Express, Discover

I have read the policy and I understand and agree to it.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_