

John F. Como, D.D.S., P.C.
140 Lockwood Ave., Suite 209
New Rochelle, NY 10801
Phone (914) 632-1111

Financial Agreement

Dental treatment is an excellent investment in an individual's health and well being. Financial considerations should not be an obstacle to obtaining this important health service, being sensitive to the fact that different people have different needs in fulfilling their financial obligations. We are providing the following payment options.

- Fee at the time of Service:**
For your convenience we accept: Visa, MasterCard, American Express, Discover, Personal checks and Cash.
- 1/3 Payments for Extended Treatment:**
For patients whose treatment will be completed over several visits or months, we offer 1/3 payments. The first 1/3 is due on the first visit, the 2nd third in the middle of treatment and the last third near the end of treatment. This option requires Dr. Como's approval and should be discussed during the consultation appointment.
- Credit Card Auto-Payment:**
Our program will enable you to use your credit card to pay for your dental care by automatically charging your credit card a pre-determined amount on a monthly basis. This option requires Dr. Como's approval and should be discussed during the consultation appointment.

For those patients who have dental insurance your range of benefits depends solely on what your employer decided to purchase. Some plans cover as little as 30% or as much as 100% of dental services, less applicable deductibles, and plan maximums. Some plans base the amount of benefit on a schedule of fees arbitrarily developed by insurance companies. For this reason, you may receive a lower percentage than the reimbursement level indicated in your dental plan. Your insurance company is responsible to you, and not to our office, however, we will assist you in any way we can to maximize your available benefits. Patient/Guarantor is responsible to verify coverage and requirements with their independent carriers. We will provide you with a walk out statement, which has been especially prepared to assist you in the completion of your insurance claim. The Patient/Guarantor is responsible to submit their claim to their insurance carrier, and to follow up with any discrepancies. If additional information is requested by the insurance company, please notify our office. Patient/guarantor assumes full responsibility for all fees. Any amount not covered by their insurance plan is the patient's/guarantors responsibility. Payment in full is expected at the time of service, unless other arrangements are made with Dr. Como prior to commencement of treatment.

Any remaining balance past due by 90 days, patient/guarantor will be responsible for 1 1/2% service charge per month.

There may be a minimum \$50 fee for all scheduled appointments broken without at least 24 hours prior notice.

Signed:

Patient/Guarantor

Date