

Pratt Family Dentistry

4512 Post Road East Greenwich, RI 02818 401-884-2190

www.prattfamilydentistry.com

Financial Policy

Delta Dental and Delta USA

BCBS RI and BCBS MA

You are responsible for any co-pays and/or deductibles that have not been met at the time services are rendered. If your benefits are depleted for the year, you are responsible for the balance of the fee.

Private Insurance

We are not a participating dentist. Payment is due the time services are rendered. As a courtesy we will be happy to submit your claims for you.

General Information Regarding Insurance

When we quote an estimate of coverage from an insurance company, it is just that, an estimate. You are responsible for any differences.

Amalgam vs Composite Fillings

Most companies will only pay for amalgams (silver fillings) on the back teeth. When a composite filling (white filling) is placed, the patient is responsible for the difference in fees between amalgams and composites.

No Insurance

Payment is due the time services are rendered. When a specific treatment involves more than one appointment, 50% of the fee is expected at the initial visit. The remaining 50% is due upon completion.

Cash, checks, Visa, MasterCard and American Express are all acceptable forms of payment.

Care credit offers a separate line of credit to cover your health care needs.

In the event of nonpayment after 60 days, a late fee of \$20. will be added to any outstanding balance. If account is referred to an attorney for collection, the patient or responsible person will pay any attorney's fee of 33.3% of this balance and all court costs incurred. I understand that I am responsible to pay for any appointment that is not cancelled at least 48 hours in advance. Should any of my checks be returned for nonpayment, then I agree to pay a bank charge of \$25. per check. I have read and understand the above information.

Signature _____

Print Name _____ Date _____