

Puredent, Inc.
Tammy DeGregorio DMD
www.puredent.net
(412) 631-8947

Financial Policy

Thank you for choosing our office for your dental needs. We are committed to provide the highest quality of dental care available to all our patients and to have those services comfortably affordable, we are pleased to offer you options for payment. The following is a statement of our Financial Policy which must be reviewed and signed.

INSURANCE

As a courtesy, our office will provide you with the proper dental codes so that you may submit your insurance claims independently. Our patients generally receive reimbursement from their insurance carriers in 2-3 weeks. We are out-of-network providers and therefore have no connection to your insurance plan.

All payments are due when services are being rendered.

PAYMENT OPTIONS

- Cash or Check Payment
- Visa, Master Card, American Express, Discover, Debit
- No Interest Payment Plan with Care Credit (OAC)

MISSED APPOINTMENTS

We require at least 48 hours cancellation for all appointments. Our policy is to charge \$50 per hour for missed hygiene appointments and \$100 per hour for appointments with Dr. DeGregorio. Please help us serve you better by keeping scheduled appointments.

RETURNED CHECKS

A \$25.00 returned check fee will be billed for any returned checks.

Thank you for understanding our Financial Policy. We are here to assist you in any way possible. Please make your questions and concerns known to our team as our goal is to ensure that you have an outstanding experience. I have read the Financial Policy. I understand and agree that:

- I understand that my insurance is a contract between me and my insurance company
- I understand that Dr. DeGregorio is not in network with my insurance and authorize payment from my insurance to be paid directly to me.
- I understand that Puredent, Inc. is a fee for service dental practice.
- I understand that insurance is not a guarantee of payment.

Signature of Patient/Responsible Party

Date