

HAWORTH DENTAL, LLC.

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FINANCIAL AGREEMENT

We are committed to providing you with the best possible care. If you have insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

If you have insurance we will accept assignment of benefits. However, you are responsible for the co-payment (i.e. 20% or 50%) and the deductible at the time of treatment.

We must emphasize that as care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date that service are rendered.

Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. If the insurance company has not paid within 30 days we expect payment from the patient, and it will become your responsibility to follow up with your insurance carrier.

On all accounts that have a balance that is past due for more than 60 days, insurance pending or not, a service charge of 1.5% per month (18% annually) will incur, unless financial arrangements have been made with the front office staff. Delinquency of payment on financial arrangements will result in the above mentioned service charges.

Please note that all crowns, bridges, dentures, partials and laminates will NOT be inserted until the full balance for such treatment has been paid.

Our office accepts cash, checks, Visa, MasterCard, Discover, American Express & Care Credit.

We appreciate and thank you for your cooperation in helping us to deliver high quality treatment while trying to keep the cost down for our patients.

I am ultimately responsible for the balance of my account for any professional services rendered. I have read the above information and fully understand it.

Patient: _____ **Date:** _____