



Steven R. Zembroski, DMD

Payment, Financial and Insurance Information

We appreciate the opportunity to serve you. It is our intention to provide you with the finest care possible, while ensuring that you fully understand procedures, treatment, and payment expectations. In addition, we are also dedicated to making quality care as cost-effective as possible. To assist you with your care we provide the following payment options:

Payment Options

We ask that all payments or co-payments be made at the time of service. For your convenience the following forms of payment are accepted:

1. Cash, Checks, money orders
2. Visa, MasterCard, Discover Cards and Debit cards
3. *CareCredit* – A no interest financing plan we offer as a separate line of credit to cover you and your family members' dental healthcare needs. CareCredit allows flexible and convenient low monthly payments and spreads them out over time. Please ask for more information if you are interested in financing options.

Insurance: Our office is happy to help you process your insurance. We will complete our portion of the claim form and send it promptly at no charge. To avoid confusion, it should be understood that insurance billing is an elective service provided to our patients. Difficulty obtaining insurance payment may occur, and **insurance payments cannot be guaranteed.** The patient is solely and ultimately responsible for payment.

Please feel free to discuss any questions with us at any time.

I have read and understand the above information _____ (please initial).

Scheduling Information

Your appointment time is tailored and reserved for you. If the need arises to reschedule your appointment, please provide us at least 1 or more business days notice.

Without adequate notification, we will not be able to give your reserved time to another patient in need of dental care. There is a \$25.00 **broken appointment fee** for every hour of the scheduled appointment. This fee helps to cover the room preparation charge and the idle time of the Doctor, Hygienist and Dental Assistant who were on duty to provide your personalized care.

If your schedule does not permit you to plan in advance, we might suggest placing you on our list of patients to call on a short notice basis. Let us know if this is appropriate for you.

Please feel free to discuss any questions with us any time.

I have read and understand the above information _____ (please initial).

Notice of Privacy Practices – Acknowledgement

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting our Office Manager, Barbara Prentiss.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

Patient or legally authorized individual signature

Date

Printed Name if signed on behalf of patient

Relationship (parent,etc)

Patient Name