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OFFICE-PATIENT FINANCIAL POLICY

IN ORDER TO SERVE YOU BETTER, WE ASK THAT ALL THE FINANCIAL INFORMATION BE COMPLETED PRIOR TO SEEING THE DOCTOR

Regarding your Bill/Insurance

PAYMENT IS EXPECTED AT THE TIME OF SERVICE. Payment plans are available. Financing is also available. Please see one of the front desk staff to assist you in the most convenient choice.

Your bill is your responsibility. Your insurance policy is a contract between you and your carrier. **WE ARE NOT PARTY TO THAT CONTRACT.** Preauthorization are not an absolute agreement by your insurance carrier to pay the amount shown. It is an estimation of benefits (EOB) only. This is **CLEARLY** stated on the form the insurance carrier sends you.

We will always send out your insurance forms within 24 hours. We **DO NOT** charge **ANY** additional fee to fill out these forms. If your insurance carrier has the service available, we send the claims electronically via the internet within 24 hours of the service billing date.

When you have paid your bill all insurance forms are **CLEARLY MARKED PAY TO PATIENT.** If your carrier **CHOOSES NOT TO PAY YOU** please **CALL THEM** and register your complaints!!!

We will provide you with a treatment plan for dental work to be done. A copy will be given to you and one will remain in your chart. We ask that you sign this document. This **ONLY** shows that the plan was presented and is in **NO WAY** an obligation to do treatment.

We are **ALL** committed to providing you with the best treatment that we can. We wish all our arrangements to be as **CLEAR** as possible. If you should have **ANY** questions, please do not hesitate to ask at your earliest convenience.

Thank you for understanding our **OFFICE FINANCIAL POLICY.**

Signature

Date