

Alan J. DeMaso, D.M.D., M.S., P.C.
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(718) 351-0188
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OUR OFFICE POLICY

We ask that on your first visit to our office, that you bring with you a photo I.D. For those of you with dental insurance, please bring your insurance card with you at the time of each appointment to avoid submissions to outdated carriers. We will gladly fill out all necessary paperwork and submit your claims to your insurance carrier. *You will be responsible to pay in full for your first introductory/treatment visit to our office, the insurance benefit for that visit will be directed to you.* At future dental appointments, if your carrier allows benefit to be paid to 'out of network' providers, we will ask you to sign 'assignment of benefits' to our office and ask that you pay only your estimated portion of the balance of the fees for those appointments. **Please understand if your insurance company pays less than the originally estimated benefit, then it will be your responsibility to pay any additional balance due and a post visit bill may be sent to you.**

For those of you without dental insurance, we will expect payment at the time of service. All major Credit Cards, and checks are accepted. Please let us know if you have any special concerns at the time we present your treatment plan.

It is not our policy to carry outstanding balances, therefore any accounts that have not been paid in full within **60 days** after treatment will be assessed an 18% per annum interest charge calculated on the first of each month.

Appointments are scheduled on an individual basis, reflecting the amount of time needed to complete specific treatment. However, we do realize that everyone has busy schedules. If you need to cancel or reschedule an appointment, we ask that you please notify us 48hrs prior to that appointment so that this time may be reserved for other patients in need. Failure to do so may result in a \$70.00/hour late cancellation, or broken appointment fee.

Signature (person financially responsible for payment)

Date