

**Peter Haupers, Jr., D.D.S., M.S.**



**Russell J. Cecala, D.D.S., M.S.**

**Periodontics and Dental Implants**

## Our Office Financial Policy

Our office is proud to be a part of a team whose primary concern is to deliver the finest and most comprehensive periodontal care services today. In order to assist you with the investment in your periodontal health, we are providing the following payment options below. It is customary for us to receive full payment at the time of service for the **initial exam and consultation appointment**, as well as for **emergency, recall cleaning visits, Wilkodontic procedures and dental implants**. **Please be advised that we are not Medicare providers, so therefore, we do not submit claims to Medicare.**

### For Patients with Insurance Coverage

We are happy to file claims for you but **all charges are your responsibility from the date the services are rendered**. We will send in any pre-treatment estimates necessary. When your services are rendered and the estimate has been received in our office, the portion of what the insurance is not covering is your responsibility at the time of service. If we have not received the estimate at the time services are rendered, our policy is to collect 30% of the total fee for that visit. You are responsible for any balance remaining after insurance payments or denials.

### For Patients without Insurance Coverage

(1) Payment in full is expected at each appointment as treatment is provided. We accept cash, check, Visa, Mastercard, and Discover.

(2) A 5% discount is given for each phase of active treatment if made prior to the onset of care if paid by cash or check only, excluding initial exams, consultation, emergency exams, Wilkodontic procedures and recall cleanings. There will be a \$15 charge for returned checks.

(3) We have a 6 month and 12 month monthly payment plan that offers a separate line of credit to cover your periodontal needs. Financing your treatment will allow you to begin your treatment immediately and spread your cost over a period of time appropriate for you. Processing your credit application will only take a few minutes. Ask the receptionist for details.

**Full payment** for implants is due at time of service.

**\*There will be a fee charged to your account for any surgical cancellations less than 2 weeks from the original appointment.**

**I have read and understand the above policy and fully intend to stand by the financial arrangements made with the office.**

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date