

CHRISTOPHER A. PEDORELLA, DMD
5586 POST RD. SUITE 102, EAST GREENWICH, RI 02818
FINANCIAL POLICY

We participate with MOST insurance companies. However, you are responsible for any co-pays +/- deductibles that have not been met at the time of service. If your insurance has been depleted for the benefit year, you are responsible for the full fee and/or balance of any fee over your maximum.

PRIVATE INSURANCE:

Payment is due at the time of service. As a courtesy, we will be happy to submit for you and insurance monies will be reimbursed to the subscriber/patient.

NO INSURANCE:

Payment is due at the time of service. When treatment requires more than one appointment or lab costs, 50% or more of the entire treatment is expected at the first visit and the remaining due at completion.

We are a "mercury free" practice which means we do not restore teeth with silver. MOST insurance companies do not allow for composites on posterior (back) teeth. The patient is responsible to pay the difference between our fee and insurance payment.

Cash, checks, money orders and credit cards are all acceptable forms of payment. When payment is not possible, financial arrangements can be made through our 3rd party financial company, Care Credit. It offers separate lines of credit to cover you or your family's healthcare needs. Finance charges begin accruing once account is 30 days overdue at the monthly rate of 1.5% or 18% per year. In the event of NON-payment, the account will be referred to our collection attorney. The patient or person(s) responsible for payment on the account will be responsible for the attorney's fee of 33.33% and all court costs incurred. I understand I am responsible to pay \$50.00 for an appointment that is not cancelled at least 48 hrs. in advance. Should any checks be returned for non-payment, then I agree to pay bank fee of \$25.00 per check.

***** I have read and understand the above information.**

Signature: _____ Date: _____