THE DENTAL LAB

Dr. Karen Erani, DMD

FINANCIAL POLICY

FINANCIAL POLICY & CREDIT CARD AUTHORIZATION FORM

Thank you for choosing The Dental Lab. Our primary mission is to deliver the best and most comprehensive dental care available. Our fees are based on the quality materials we use and the time, effort and skill required in performing your treatment. They are reasonable and customary to our area. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering payment options. We accept cash, check, Visa, MasterCard, American Express or Discover Card. For extensive cases/treatment we offer usage of a convenient Monthly Payment Option from CareCredit Healthcare Credit Card. This option allows you to pay over time with no annual fees or pre-payment penalties.

Payment is due at the time services are rendered unless alternate arrangements have been made in advance with the office manager. We require an initial deposit of at least 50% for any treatment involving a laboratory. For patients with PPO dental insurances, as an out of network provider we are happy to work with your carrier to maximize your benefit and directly bill them electronically for costs of your treatment. Your estimated copayments are due on the date of service.

For all patients with dental insurance, we require a credit card to be kept on file for any balances unpaid by the insurance. Once we receive payment from your dental insurance carrier, if there is any balance remaining, we will charge the credit card on file. While most PPO dental insurances do directly reimburse the dentist, some may only remit payment to the patient. In this case, the patient is responsible for providing payment in full to the office and we will file a claim on your behalf to your carrier for reimbursement.

Should there be any unpaid fees left over after 60 days, and there have been no previously arranged payment plans, we reserve the right to charge your credit card the remaining balance at that time.

Should you need to cancel/ reschedule an appointment, kindly give the office at least 24 hours notice or a cancellation fee of $50 or more, depending on length of appointment, may be applied to your account. There will be a $30 fee for any returned checks.

Upon any credit card charges processed, please send me a courtesy notification by:

(CHECK ONE) _____ Phone _____ E-Mail _____ Mailed Receipt

NOTE: We do not wait for a verbal, text or email approval, as this form serves as the authorization.

Patient Name: ______________________________

Cardholder Name: ______________________ ; Relationship: ______________

Billing Address: ______________________________

Card #: ______________________ Exp Date: _____ /_____ Sec Code: ________

Cardholder Signature: ______________________ Date: ____/____/______

Should this card be used for all family members? ________ YES ________ NO

618 Avenue O // Brooklyn, NY 11230 718/339/1111 www.TheDentalLabNY.com